# 2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

**FILED**
**Oct 05, 2009**
**Secretary of State**

DOCUMENT# N06000012316

**Entity Name:** EN SU PRESENCIA MINISTERIOS INTERNACIONAL INC.

**Current Principal Place of Business:**

3903 BRIAR LAKE DRIVE
VALRICO, FL 33594

**New Principal Place of Business:**

3903 BRIAR LAKE DRIVE
VALRICO, FL 33596

**Current Mailing Address:**

3903 BRIAR LAKE DRIVE
VALRICO, FL 33594

**New Mailing Address:**

3903 BRIAR LAKE DRIVE
VALRICO, FL 33596

**FEI Number: 20-5998750** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
**In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.**

**Name and Address of Current Registered Agent:**

CINTRON, ONOFRE ESQ.
1463 OAK FIELD DRIVE
SUITE 122
BRANDON, FL 33511 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: CINTRON ONOFRE

Electronic Signature of Registered Agent — Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete
Name: BRENES, WILLIAM
Address: 3903 BRIAR LAKE DRIVE
City-St-Zip: VALRICO, FL 33594

Title: D ( ) Delete
Name: POPE, DENNIS
Address: 3903 BRIAR LAKE DRIVE
City-St-Zip: VALRICO, FL 33594

Title: D ( ) Delete
Name: CORREA, MARIA
Address: 3903 BRIAR LAKE DRIVE
City-St-Zip: VALRICO, FL 33594

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM BRENES D 10/05/2009

Electronic Signature of Signing Officer or Director — Date