2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N06000012892

Entity Name: IGLESIA EL APOSENTO ALTO INC.

FILED Oct 14, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

4765 GOLDENROD DR. 3046 DREYFUSHIRE BLVD. SUITE 4 ORLANDO, FL 32822

ORLANDO, FL 32822

Current Mailing Address: New Mailing Address:

4765 GOLDENROD DR.
SUITE 4
ORLANDO, FL 32822
ORLANDO, FL 32822

FEI Number: 20-8149054 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: Name and Address of New Registered Agent:

SALLY, TORRES
5917 MAUSSER DR
APT 2C
ORLANDO, FL 32822 US
SALLY, TORRES
3046 DREYFUSHIRE BLVD.
ORLANDO, FL 32822 US

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: SALLY TORRES 10/14/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: REV () Delete Title: REV (X) Change () Addition Name: TORRES, SALLY TORRES, SALLY

 Address:
 5917 MAUSSER DR.APT.2-C
 Address:
 3046 DREYFUSHIRE BLVD.

 City-St-Zip:
 ORLANDO, FL 32822
 City-St-Zip:
 ORLANDO, FL 32822

Title: EVAN () Delete Title: EVAN (X) Change () Addition Name: MENDEZ, MIGUEL Name: MENDEZ, MIGUEL

 Name:
 MENDEZ, MIGUEL
 Name:
 MENDEZ, MIGUEL

 Address:
 5917 MAUSSER DR.APT.2-C
 Address:
 3046 DREYFUSHIRE BLVD.

 City-St-Zip:
 ORLANDO, FL 32822
 City-St-Zip:
 ORLANDO, FL 32822

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: SALLY TORRES REV 10/14/2009