

2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED

08 DEC -8 PM 1:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N07000006449	
1. Entity Name MINISTERIO FUENTE DE AMOR, INC	

Principal Place of Business 2635 NW 36TH ST. MIAMI, FL 33142	Mailing Address 2635 NW 36TH ST. MIAMI, FL 33142
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2. Principal Place of Business - No P.O. Box # 2635 NW 36th st	3. Mailing Address 1180 NE 177 Ter
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Miami FL	City & State N Miami Bch FL
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Zip 33142	Country	Zip 33162	Country
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6. Name and Address of Current Registered Agent CORRALIZA, LUIS F 1180 NE 177 TERR. N. MIAMI BCH, FL 33162	
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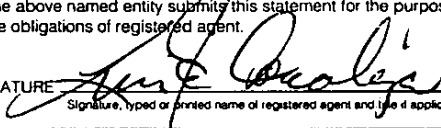
11182008 REIN-NP CR2E099 (1/07)

4. FEI Number	☒ Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE 	12-03-08
Signature, typed or printed name of registered agent and title if applicable	DATE

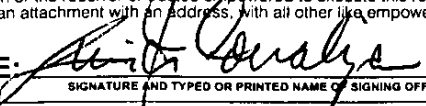
FILE NOW!!! FEE IS \$236.25 After January 1, 2009, Fee will be \$297.50	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CORRALIZA, LUIS F 1180 NE 177 TERR. N. MIAMI BCH, FL 33162 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CORRALIZA, CARMEN 1180 NE 177 TERR. N. MIAMI BCH, FL 33162 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MENDES, NANCY 13280 NE 6TH AVE., APT. 311 MIAMI, FL 33162 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GONZALES, NORMA 1461 NW 50TH ST. MIAMI, FL 33142 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ORTEGA, MARIBEL 250 NW 40TH AVE. MIAMI, FL 33126 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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12/08/08--01040--003 **61.25

REINSTATEMENT

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: 	12-3-08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	DATE

When i received the form for
2008 Not-for-Profit Corporation annual
report i make a phone call.

I was told by phone to send
this form completely filled out
and with this letter informing
that i never received the
first form for the \$61.25

I was told to send a check
for \$61.25.

Document # NO 7000006449
Ministerio Fuente de Amor, INC.
2635 NW 36 St
Miami FL 33142

