

# 2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N07000007759

**FILED**  
**Oct 14, 2009**  
**Secretary of State**

**Entity Name:** IGLESIA DIOS NUESTRO REFUGIO M.I. INC.

**Current Principal Place of Business:**

4912 N NEBRASKA AVENUE  
TAMPA, FL 33603 US

**New Principal Place of Business:**

6922 N CENTRAL AVENUE  
TAMPA, FL 33604 US

**Current Mailing Address:**

PO BOX 8932  
TAMPA, FL 33674 US

**New Mailing Address:**

**FEI Number:** 26-0673115      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
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:**

GONZALEZ, FELIX A  
8733 N 33RD STREET  
TAMPA, FL 33604 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: FELIX A. GONZALEZ

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: GONZALEZ, FELIX A  
Address: 8733 N 33RD STREET  
City-St-Zip: TAMPA, FL 33604 US

Title: S ( ) Delete  
Name: CRUZ, JOSE L  
Address: 1005 15TH AVENUE  
City-St-Zip: TAMPA, FL 33605 US

Title: T ( ) Delete  
Name: GONZALEZ, FELIX A JR  
Address: 8733 N 33RD STREET  
City-St-Zip: TAMPA, FL 33604 US

Title: V-P ( ) Delete  
Name: ALMA, RODRIGUEZ D VICE-P  
Address: 8733N 33RD ST  
City-St-Zip: TAMPA, FL 33604

**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:

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: FELIX A. GONZALEZ

P

10/14/2009

Electronic Signature of Signing Officer or Director

Date