2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N07000008641

FILED Dec 06, 2008 Secretary of State

Entity Name: IGLESIA CRISTIANA COMUNIDAD DE FE, INC.

Current Principal Place of Business: New Principal Place of Business: 2721 MICHIGAN AVE. 3061 MICHIGAN AVE. SUITE 108 C KISSIMMEE, FL 34741 KISSIMMEE, FL 34741 **Current Mailing Address: New Mailing Address:** 2721 MICHIGAN AVE 4623 CABALERRO TRAIL KISSIMMEE, FL 34741 KISSIMMEE, FL 34758 FEI Number: 26-0766905 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: NIEVES, LUZ E MOJICA, RAFAEL 4547 CÁLADIUM CT 4623 CABALERRO TRAIL KISSIMMEE, FL 34758 US KISSIMMEE, FL 34758 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: RAFAEL MOJICA 12/06/2008 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete MOJICA, RAFAEL Name: Name: 4623 CABALERRO TRAIL Address: Address: City-St-Zip: KISSIMEE, FL 34758 City-St-Zip: Title: () Delete Title: () Change () Addition Name: MOJICA, CLARIBEL Name: Address: 4623 CABALERRO TRAIL Address: City-St-Zip: KISSIMMEE, FL 34758 City-St-Zip: Title: () Delete Title: (X) Change () Addition NIEVES, LUZ E Name: APONTE, BRANDY Name: 14214 COLONIAL GRAND BLVD # 2215 4547 CALADIUM CT. Address: Address: City-St-Zip: KISSIMMEE, FL 34758 City-St-Zip: ORLANDO, FL 32837 Title: () Delete Title: (X) Change () Addition MARTINEZ, EDNA Name: Name: NIEVES, IVONNE 626 MILAN DRIVE 2156 CONTINENTAL ST Address: Address: City-St-Zip: KISSIMMEE, FL 34758 City-St-Zip: ST. CLOUD, FL 34769

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: RAFAEL MOJICA Ρ 12/06/2008