

**2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT**

**FILED  
Mar 20, 2009  
Secretary of State**

DOCUMENT# N07000011877

Entity Name: IGLESIA CRISTIANA EMANUEL, INC.

**Current Principal Place of Business:**

3239 JOHN YOUNG PARKWAY  
KISSIMMEE, FL 34746

**New Principal Place of Business:**

**Current Mailing Address:**

3239 JOHN YOUNG PARKWAY  
KISSIMMEE, FL 34746

**New Mailing Address:**

FEI Number: 26-1868512      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:**

DE PENA, LUIS  
3105 LINTON ROAD  
KISSIMMEE, FL 34758      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: LUIS DE PENA

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD      ( ) Delete  
Name: GONZALEZ, ERAMILDES  
Address: 3229 JOHN YOUNG PARKWAY  
City-St-Zip: KISSIMMEE, FL 34746

Title: VPD      ( ) Delete  
Name: DE PENA, LUIS  
Address: 3105 LINTON ROAD  
City-St-Zip: KISSIMMEE, FL 34758

Title: D      ( ) Delete  
Name: IZAQUIRRE, JOSE JUAN M  
Address: 1005 MORVAN LANE  
City-St-Zip: KISSIMMEE, FL 34759

Title: D      ( ) Delete  
Name: ORTIZ, DEYSI  
Address: 3091 EAGLE CROSSING DRIVE  
City-St-Zip: KISSIMMEE, FL 34746

**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: ERAMILDES GONZALEZ

PD

03/20/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date