



2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N07000011961 1. Entity Name CENTRO CRISTIANO COMPARTIENDO EL PAN DE VIDA, INC.						FILED 08 NOV -5 AM 11:13 CLERK OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 2367 FORTUNE RD. KISSIMMEE, FL 34743-4304				Mailing Address 2400 GLENRIDGE AVE. KISSIMMEE, FL 34746			
2. Principal Place of Business - No P.O. Box # 2367 Fortune Rd.		3. Mailing Address 2400 Glenridge Ave		 REINSTATEMENT 08			
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State Kissimmee, Florida		City & State Kissimmee, Florida		4. FEI Number		<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable	
Zip 34743-4304		Country USA		Zip FL 34746		Country USA	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required							
6. Name and Address of Current Registered Agent REYES, JUAN 2400 GLENRIDGE AVE. KISSIMMEE, FL 34746				7. Name and Address of New Registered Agent Name Same Juan Reyes Street Address (P.O. Box Number is Not Acceptable) 2400 Glenridge Ave. Kissimmee, FL City FL Zip Code 34746			
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 <u><i>Juan Reyes</i></u> <small>Signature, typed or printed name of registered agent, as applicable</small>				DATE 11/3/08 <small>(NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$61.25 After January 1, 2009, Fee will be \$122.50				In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE P NAME STREET ADDRESS CITY-ST-ZIP	President Juan Reyes 2400 Glenridge Ave. Kissimmee, FL 34746			<input type="checkbox"/> Change <input type="checkbox"/> Addition 400137670964 11/05/08--01034--009 **70.00			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE V NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Vice-President Eliezer Caraballo 363 La Paz Dr. Kissimmee, FL 34743		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE S NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Secretary Carmen L. Pagan 363 La Paz Dr. Kissimmee, FL 34743		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE T NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Treasurer Gloria Garcia 1546 Birchwood Ave. Kissimmee, FL 34744		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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: <u><i>Juan Reyes</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date 11/03/08		Daytime Phone # 407-879-4347	