## 2004 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

SIGNATURE AND TYPED OR

FINTED

ME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

## FILED DOCUMENT # N24615 1. Entity Name 04 NOV -1 AM 8: 58 MINISTERIO CATOLICO VERBO Y VIDA, INC. SECRETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 541 SOUTH STATE ROAD 7, NO. 13 541 SOUTH STATE ROAD 7, NO. 13 MARGATE, FL 33068 MARGATE, FL 33068 3. Mailing Address 2. Principal Place of Business. 541 South State Rd. <u>South State Rd</u> Suite, Apt. #, etc. Suite, Apt. #, etc. 10192004 REIN-NP CR2E099 (6/04) Suite #9 Suite #9 4. FEI Number 65-0046732 City & State City & State Applied For <u>Flor</u>ida Margate, Florida Not Applicable Margate, Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 33068 33068 Broward Fee Required Broward 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent FITZGERALD, J. PATRICK 110 MERRICK WAY, SUITE 3-B Street Address (P.O. Box Number is Not Acceptable) CORAL GABLES, FL 33134 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. 10-19-04 FITZGERALD, J. PATRICK SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent algnature required when reinstating) FILE NOW!!! FEE IS \$61.25 Make check payable to In accordance with s. 607.193(2)(b), F.S., the After January 1, 2005, Fee will be \$122.50 Florida Department of State corporation did not receive the prior notice. 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 **PSTD** TITLE X Delete TITLE P □ Change X Addition ROSA, MAX NAME NAME FR. GARZA, ROBERTO 541 SOUTH STATE ROAD 7, STE 13 STREET ADDRESS STREET ADDRESS 2310 Martin Luther King Blvd. CITY-ST-ZIP MARGATE, FL 33068 CITY-ST-ZIP Pompano Beach, TITLE VD ☐ Delete TITLE ☐ Change Addition SANCHEZ, ARMANDO NAME NAME PEREZ, ESPERANZA 1901 NE 41st Street STREET ADDRESS 541 SOUTH STATE ROAD 7, STE 13 STREET ADDRESS CITY-ST-ZIP MARGATE, FL 33068 CITY-ST-ZIE Oakland <u>Park. FL 33308</u> X Delete ☐ Change ☐ Addition TITLE TITLE 800042365038 11/01/04--01076--018 \*\*61 ROSA, MELANIE NAME NAME STREET ADDRESS 541 SOUTH STATE ROAD 7, STE 13 STREET ADDRESS \*\*61.25 CITY-ST-ZIP MARGATE, FL 33068 CITY-ST-7IP ☐ Delete TITLE ☐ Change Addition TITLE TAMAYO, RODRIGO NAME NAME 541 SOUTH STATE ROAD 7, STE 13 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MARGATE, FL 33068 CITY-ST-ZIP Delete TITLE Change Change ☐ Addition TITLE TAMAYO, MIRIAM NAME NAME 541 SOUTH STATE ROAD 7, STE 13 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MARGATE, FL 33068 CITY-ST-ZIP ☐ Change ☐ Addition D Delete TITLE TITLE DE VILLIERS, LUIS NAME NAME 541 SOUTH STATE ROAD 7, STE 13 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MARGATE, FL 33068 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 charged, or on an attacliment with an address, with all other like empowered. SIGNATURE: