

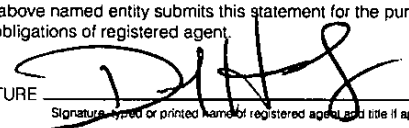
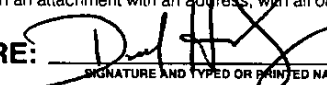


2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N35201 1. Entity Name IGLESIA BUENAS NUEVAS ASAMBLEAS DE DIOS, INC.						05 DEC 27 PM 3:55 SEC. OF STATE TALLAHASSEE, FLORIDA REINSTATEMENT 05	
Principal Place of Business 6491 WEST 2ND AVENUE HIALEAH, FL 33012 US				Mailing Address 1333 W. 42ND STREET HIALEAH, FL 33012			
2. Principal Place of Business 2580 W. 2 Ave.		3. Mailing Address 19850 NW 83 Ave.					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		1102005 REIN-NP		CR2E099 (6/04)	
City & State Hialeah FL		City & State Hialeah		4. FEI Number 65-0223347		Applied For Not Applicable	
Zip 33010		Country US		Zip 33015		Country US	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent HERNANDEZ, DANIEL A. REV. 1333 W. 42ND ST HIALEAH, FL 33012				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;">FL Zip Code</div>			
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  <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>							
FILE NOW!!! FEE IS \$236.25 + \$75 After January 1, 2006, Fee will be \$297.50				Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD HERNANDEZ, DANIEL A. REV. 1333 W. 42ND ST HIALEAH, FL 33012	<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	VD HERNANDEZ, SUSANA 1333 W. 42ND ST HIALEAH, FL 33012	<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	TD BASULTO, GEORGE 11646 N.W. 90TH AVENUE HIALEAH, FL 33018	<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	S DOMINGUEZ, ELIZABETH 1083 W. 37TH ST HIALEAH, FL 33012	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S Ariel Lima (Secretary) 19903 NW 86 A. MIAMI FL 33015	<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	S Ariel Lima (Secretary) 19903 NW 86 A. MIAMI FL 33015	<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 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 changed, or on an attachment with an address, with all other like empowered.							
SIGNATURE:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date: 11/28/05 Daytime Phone #: 305-5024022			