

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

**FILED  
Sep 30, 2009  
Secretary of State**

DOCUMENT# N48789

Entity Name: IGLESIA BAUTISTA DE "RENOVACION CRISTIANA", INC..

**Current Principal Place of Business:**

50 NW 51 PLACE  
MIAMI, FL 33134 US

**New Principal Place of Business:**

**Current Mailing Address:**

50 NW 51 PLACE  
MIAMI, FL 33134 US

**New Mailing Address:**

FEI Number: 65-0342568      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

RUIZ, ALDO E  
6812 NW 113 CT  
MIAMI, FL 33178 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: ALDO RUIZ

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

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: RUIZ, HUGO  
Address: 11981 SW 34 TER  
City-St-Zip: MIAMI, FL 33175

Title: D ( ) Delete  
Name: LOPEZ, HECTOR  
Address: 8579 SW 5TH STREET  
City-St-Zip: MIAMI, FL 33078

Title: D ( ) Delete  
Name: HEREDIA, RAYMUNDO  
Address: 1920 NW 34TH AVE  
City-St-Zip: MIAMI, FL 33125

Title: D ( ) Delete  
Name: RUIZ, ALDO  
Address: 6812 NW 113 CT  
City-St-Zip: MIAMI, FL 33178

**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: ALDO RUIZ

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

D

09/30/2009

\_\_\_\_\_  
Date