

2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N95000000745

1. Entity Name
IGLESIA CRISTIANA NUEVO PACTO INC.



Principal Place of Business
616 S W 22 AVENUE
MIAMI, FL 33135

Mailing Address
616 S W 22 AVENUE
MIAMI, FL 33135

03 OCT 17 11:11:36



REINSTATEMENT

(11/05)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
05-0563691

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RIVAS, JOSE
15302 SW 103 CT
MIAMI, FL 33157

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$61.25
After January 1, 2007, 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

TITLE PD ☐ Delete
NAME RIVAS, JOSE
STREET ADDRESS 15302 SW 103 CT
CITY-ST-ZIP MIAMI, FL 33157

TITLE TD ☐ Delete
NAME FERNANDEZ, GLADYS
STREET ADDRESS 1520 NW 32 AVE
CITY-ST-ZIP MIAMI, FL 33125

TITLE SD ☐ Delete
NAME RIVAS, CARMELA
STREET ADDRESS 15302 SW 103 CT
CITY-ST-ZIP MIAMI, FL 33157

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME 700080922347
STREET ADDRESS 10/17/06--01040--006 **\$61.25
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3 Mitchell OCT 17 2006