2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

SIGNATURE:

SECRETARY OF STATE DIVISION OF CORPORATIONS DOCUMENT # N95000001853 1. Entity Name IGLESIA BIBLICA BUENAS NUEVAS, INC. 05 OCT 21 PH 2: 33 Principal Place of Business Mailing Address renstatement os 206 EVERNIA ST 206 EVERNIA ST JUPITER, FL 33458 JUPITER, FL 33458 2. Principal Place of Business 3. Mailing Address 206 Fleynia St. Suite, Apt. #, etc. 706 Ellernia ST Suite, Apt. #, etc. 10132005 REIN-NP CR2E099 (6/04) City & State 4. FEI Number 65-0579522 Applied For City & State ten Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent DON TO VELASQUEZ, CRISTOBAL Street Address (P.O. Box Number is Not Acceptable) 206 EVERNIA ST JUPITER, FL 33458 Zip Code City FL 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. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$236.25 Make check payable to After January 1, 2006, Fee will be \$297.50 Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. Seme Pleasquez PN ☐ Delete TITLE Change ☐ Addition TITLE VELOSQUEZ, CHRISTOBAL NAME NAME STREET ADDRESS STREET ADDRESS 206 EVERNIA ST ZOG EVernia ex Jupite CITY-ST-ZIP JUPITER, FL 33458 CITY-ST-ZIP DV TITLE ☐ Delete TITLE BERDUO, MARIO NAME NAME marro Berduo 1007 ORTEGA RD STREET ADDRESS STREET ADDRESS 1007 OTTEGON RD. W.P.B.FL 3340S CITY-ST-ZIP WPB, FL 33405 CITY-ST-ZIP ■ Addition SD TITLE TITLE Delete Seme 50 NAME LUCAS, CESAR NAME Lucas, Cesar STREET ADDRESS 4900 CLOCK RD STREET ADDRESS LAKE WORTH, FL 33460 CITY-ST-ZIP CITY-ST-7IP ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP City-ST-7iP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.

AFFIRE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

Daytime Phone #

Date