

# 2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N95000003459

FILED  
Nov 01, 2006  
Secretary of State

**Entity Name:** COMUNIDAD CRISTIANA DE MIAMI, INC.

**Current Principal Place of Business:**

14901 FEATHERSTONE WAY  
DAVIE, FL 33331

**New Principal Place of Business:**

**Current Mailing Address:**

14901 FEATHERSTONE WAY  
DAVIE, FL 33331

**New Mailing Address:**

**FEI Number:** 65-0595723      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

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

URDANETA, ANNTINETTE  
14901 FEATHERSTONE WAY  
DAVIE, FL 33331      US

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: ANNTINETTE URDANETA

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD      ( ) Delete  
Name: URDANETA, RODRIGO A  
Address: 14901 FEATHERSTONE WAY  
City-St-Zip: DAVIE, FL 33331

Title: VD      ( ) Delete  
Name: URDANETA, ANNTINETTE  
Address: 14901 FEATHERSTONE WAY  
City-St-Zip: DAVIE, FL 33331

Title: STD      ( ) Delete  
Name: URDANETA, ANNTINETTE  
Address: 14901 FEATHERSTONE WAY  
City-St-Zip: DAVIE, FL 33331

Title: TREA      ( ) Delete  
Name: HERNANDEZ, NERCY  
Address: 1640 SW 83 AVENUE  
City-St-Zip: MIAMI, FL 33155

**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 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: ANNTINETTE URDANETA

STD

11/01/2006

Electronic Signature of Signing Officer or Director

Date