


# 2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

09 FEB -2 PM 4: 14

**REINSTATEMENT** *08-09KS*

<b>DOCUMENT # N95000004207</b> 1. Entity Name <b>SOCIEDAD MISIONERA GLOBAL, INC.</b>	
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Principal Place of Business <b>14625 S.W. 42ND STREET MIAMI, FL 33175</b>	Mailing Address <b>PO BOX 832022 MIAMI, FL 33283</b>
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

01272009 REIN-NP	CR2E099 (1/07)	4. FEI Number <b>65-0630064</b>
		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>



<b>6. Name and Address of Current Registered Agent</b>  <b>DIAZ, LUIS A 11554 S.W. 127COURT MIAMI, FL 33186</b>	<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> Zip Code
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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$297.50** **Make check payable to Florida Department of State**

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	PD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DIAZ, LUIS A			NAME	400142715444		
STREET ADDRESS	11554 S.W. 127 COURT			STREET ADDRESS	02/03/09--01020--004		**297.50
CITY-ST-ZIP	MIAMI, FL 33186			CITY-ST-ZIP			
TITLE	VP	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MERCADO, LUIS G			NAME			
STREET ADDRESS	10248 SW 156 COURT			STREET ADDRESS			
CITY-ST-ZIP	MIAMI, FL 33196			CITY-ST-ZIP			
TITLE	S	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	RIVERA, EDNA			NAME			
STREET ADDRESS	11326 SW 161 COURT			STREET ADDRESS			
CITY-ST-ZIP	MIAMI, FL 33196			CITY-ST-ZIP			
TITLE	TD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GARCIA, MARIO			NAME			
STREET ADDRESS	15432 SW 97TH TERRACE			STREET ADDRESS			
CITY-ST-ZIP	MIAMI, FL 33196			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LOPEZ, RODOLFO			NAME			
STREET ADDRESS	CALLE 25, X6 VISTA AZUL			STREET ADDRESS			
CITY-ST-ZIP	ARECIBO, PR 00612			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 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 all other like empowered.

**SIGNATURE:** \_\_\_\_\_ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_