

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

09 JUN 19 PM 4:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N04000003861

1. Corporation Name

VICTORY IN CHRIST, INC.

000157555560
06/22/09--01055--009 **183.75

0109 [Signature]

REINSTATEMENT

4. Date incorporated or Qualified To Do Business in Florida 04/19/2004

5. FEI Number 20-1009518 Applied For Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

2. Principal Office Address - No P.O. Box # 300 NW 35TH ST		3. Mailing Office Address 300 NW 35TH ST	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State BOCA RATON FL		City & State BOCA RATON FL	
Zip 33431	Country US	Zip 33431	Country US

7. Name and Address of Current Registered Agent

Name
TAX HOUSE CORPORATION

Street Address (P.O. Box Number is Not Acceptable)
1100 S. FEDERAL HWY

Suite, Apt. #, Etc.
2nd FLOOR

City
DEERFIELD BEACH

State
FL

Zip Code
33441

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent *[Signature]* Date 06/17/09

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	SILAS LIMA MALAFAIA	300 NW 35TH ST	BOCA RATON FL 33431
VP	GIDALTI GUEDES ALENCAR	300 NW 35TH ST	BOCA RATON FL 33431
ST	RAQUEL DE SOUZA	300 NW 35TH ST	BOCA RATON FL 33431

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: *[Signature]* 06/16/09 (561) 436 8421

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #