PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
04 JAN -7 PM 1:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N94000004362

1. Corporation Name

Brazilian Presbyterian Church of Kendall, Inc.

REINSTATEMENT 02-04

2. Principal Office Address	3. Mailing Office Address
12126 SW 131 AVE	12126 SW 131 AVE
Suite, Apt. #, etc	Suite, Apt. #, etc.
City & State: Miami, FL	City & State: Miami, FL
Zip: 33186 Country: US	Zip: 33186 Country: US

4. Date Incorporated or Qualified To Do Business in Florida: 08/31/94

5. FEI Number: 65-0515997 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. Name and Address of Current Registered Agent

Name: Rubens F. Ferraz

Street Address (P.O. Box Number is Not Acceptable): 11240 SW 157 Street

700025544037
12/17/03--01009--011 $83.75

Suite, Apt. #, Etc.

City: Miami State: FL Zip Code: 33157

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: Rubens Ferraz
REGISTERED AGENT MUST SIGN

Date: 12.12.03

CR2E031 (10/97)

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	Rubens F Ferraz	11240 SW 157 street	Miami, FL 33157
T	William Hoyer	12791 SW 119 st	Miami, FL 33186
S	Regiane DASILVA	5275 SW 77 ct #H-203	Miami, FL 33155

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 under section 119.07(3)(i), 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: Rubens Ferraz — 12.12.03 — 786.282.1794
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #