

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

00 JUL -5 PM 5:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F940000002960**

1. Corporation Name

Pentecostal Church, God is Love, Inc

W00000017874

2. Principal Office Address

3810 W. 12 AVE

Suite, Apt. #, etc.

City & State

MIAMI, FLORIDA

Zip

33012

Country

U.S.A

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT 96-00

4. Date Incorporated or Qualified To Do Business in Florida

SP

5. FEI Number

Applied For
 Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

RAUL GASTESI JR.

200003334632-3

Street Address (P.O. Box Number is Not Acceptable)

15600 NW 67th AVE

-07/25/00--01034--020

******481.25 ****481.25**

Suite, Apt., #, Etc.

SUITE 308

City

MIAMI LAKES,

State
FL

Zip Code

3304

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

[Handwritten Signature]

REGISTERED AGENT MUST SIGN

Date

6/28/00

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
(DIRECTOR) (PRESIDENT)	DAVID MARTINS MIRANDA	AV DO ESTADO 4568	SAN PABLO, SP BRAZIL
VICE-PRESIDENT	LOURIVAL DE ALMEIDA	1124 SW 149 TERRACE, SUNRISE, FLORIDA	33326
SECRETARY	JOSELINO DE PARIAS	98 FLORENCE STREET, BROCKTON, MASSACHUSETTS	
TREASURER	DEBORA OLIVEIRA DE MIRANDA	1124 SW 149 TERRACE, SUNRISE, FLORIDA	33326
DIRECTOR	SERGIO SORA	AV DO ESTADO 4568	SAN PABLO, SP BRAZIL
DIRECTOR	ERENI OLIVEIRA DE MIRANDA	RUA CONDE DE SARZEDAS 185	SAN PABLO, SP BRAZIL

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:

[Handwritten Signature]

LOURIVAL DE ALMEIDA

Date

6/28/00

Daytime Phone #

954-423-6862

CR2E081 (9/99)