

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 MAR 1 AM 11:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *N 00000001391*

1. Corporation Name

*IGREJA DA SALVACAO, INC
4727 NW 79TH AVE
MIAMI, FL 33166*

2. Principal Office Address

4727 NW 79TH AVE

Suite, Apt. #, etc.

City & State

MIAMI, FL

Zip

33166

Country

DADE

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT *03-05*

2/10/05 01057 010 358.75

**4. Date Incorporated or Qualified
To Do Business in Florida**

03/03/2000

5. FEI Number

22-3712298

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

CSG - CAPITAL SERVICES GROUP INC

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

822 SE 9TH ST

Suite, Apt. #, Etc.

PALM PLAZA

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

02/25/05

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
PD	SOUSA, FERNANDO N	600 NE 36TH ST #202	MIAMI, FL 33137
SD	DE SOUSA, FERNANDA	600 NE 36TH ST #202	MIAMI, FL 33137
VD	QUEIROZ, ROSEMBERG	11755 SW 18TH ST #409	MIAMI, FL 33175

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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/25/05

Date

(305) 592-6477

Daytime Phone #

CR2081 (01/05)

3/1a