

# 2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N00000005080

FILED  
Jan 27, 2005  
Secretary of State

**Entity Name:** INTERNATIONAL MINISTRY OF RESTORATION, INC.

**Current Principal Place of Business:**

60 SW 91ST AVE  
212  
PLANTATION, FL 33324

**New Principal Place of Business:**

**Current Mailing Address:**

60 SW 91ST AVE  
212  
PLANTATION, FL 33324

**New Mailing Address:**

**FEI Number:** 65-1035787      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

TAX HOUSE CORPORATION  
1261 E SAMPLE RD  
POMPANO BEACH, FL 33064      US

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.

SIGNATURE: BRENO R GOMES - PRESIDENT

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD      ( ) Delete  
Name: AZEVEDO, CARLOS A  
Address: 60 SW 91ST AVE  
City-St-Zip: PLANTATION, FL 33324

Title: VD      ( ) Delete  
Name: AZEVEDO, GRACE T  
Address: 60 SW 91ST AVE  
City-St-Zip: PLANTATION, FL 33324

Title: T      ( ) Delete  
Name: DE SOUSA COSTA, RITA  
Address: 60 SW 91ST AVE  
City-St-Zip: PLANTATION, FL 33324

Title: S      ( ) Delete  
Name: DE SOUSA COSTA, CLEIVANIR  
Address: 60 SW 91ST AVE  
City-St-Zip: PLANTATION, FL 33324

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CARLOS A AZEVEDO

PD

01/27/2005

Electronic Signature of Signing Officer or Director

Date