

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N00000005080

1. Corporation Name

INTERNATIONAL MINISTRY OF RESTORATION, INC.

2. Principal Office Address

60 SW 91ST AVENUE

Suite, Apt. #, etc.

#212

City & State

PLANTATION, FL

Zip

33324

Country

USA

3. Mailing Office Address

60 SW 91ST AVENUE

Suite, Apt. #, etc.

#212

City & State

PLANTATION

Zip

33324

Country

USA

REINSTATEMENT

03

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

65-1035787

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

TAX HOUSE CORPORATION

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

1261 E SAMPLE ROAD

Suite, Apt. #, Etc.

City

POMPANO BEACH

State

FL

Zip Code

33064

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

BRENO R. GOMES - President

10/24/03

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	CARLOS A. AZEVEDO	60 SW 91ST AVENUE, #212	MIRAMAR, FL 33023
VD	GRACE T. AZEVEDO	60 SW 91ST AVENUE, #212	MIRAMAR, FL 33023
T	RITA DE SOUSA COSTA	60 SW 91ST AVENUE, #212	MIRAMAR, FL 33023
S	CLEIVANIR DE SOUSA COSTA	60 SW 91ST AVENUE, #212	MIRAMAR, FL 33023

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:

Carlos A. Azevedo

CARLOS A. AZEVEDO PRES

10/24/03

(954) 461 1634

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (10/02)