PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
06 JUN -1 PM 1:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N06000002985

1. Corporation Name
SHALOM EVANGELICAL CHURCH INC

REINSTATEMENT 03-06

CR2E081 (12/05)

2. Principal Office Address	3. Mailing Office Address
800 OAK RIDGE RD	PO BOX 618384
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: ORLANDO	City & State: ORLANDO, FL
Zip: 32808 Country: U.S.A	Zip: 32861 Country: U.S.A

4. Date Incorporated or Qualified To Do Business in Florida: 04 | 25 | 2001

5. FEI Number: 59-3745005 ☐ 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: CAROLINE LARSON

Street Address (P.O. Box Number is Not Acceptable): 8818 COMMODITY CIR STE 40

Suite, Apt. #, Etc.

City: ORLANDO, FL 32819

800076206958
06/14/06--01042--022 **420.00

State: FL Zip Code: 32819

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: Caroline Larson Date: 05|12|06
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
P	GILMAR F. SOUSA	2353 LAKE DEBRA DR # 2221	ORLANDO, FL 32835
VP	JOSE M. MOTA RODRIGUES	5506 ARNOLD PALMER DR #438	ORLANDO, FL 32811
S	MERCIA L. SOUSA	2353 LAKEDEBRA DR # 2221	ORLANDO, FL 32835
T	PAULO R. RANGEL	6135 METROWEST BLVD #110	ORLANDO, FL 32835
T	WILTRA F. ARAUJO	5530 ARNOLD PALMER DR #936	ORLANDO, FL 32811

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 contained in Chapter 119, 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: X [signature] 05|12|06 407 370 3686
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Igreja Presbiteriana Shalom
800 Oak Ridge Road
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www.shalom12.org

Gilmar Freitas Sousa
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Orlando, FL 32835
Phone 407-532-7728

Jose Marcos Mota Rodrigues
5506 Arnold Palmer Dr # 1438
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Phone 407-259-8790

Mercia Leite Sousa
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Paulo Renato Rangel
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