PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

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

FILED
07 JAN 19 PM 2:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT# **N01000006562**

1. Corporation Name

**ZOE MINISTRIES INTERNATIONAL**

12/18/06 01052 005 $131.25

**REINSTATEMENT** 05-07

| 2. Principal Office Address | 3. Mailing Office Address |
|---|---|
| **84 DEVON LANE** | **P.O. BOX 1892** |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State: **MARSTONS MILLS / MA** | City & State: **HYANNIS / MA** |
| Zip: **02648** Country: **USA** | Zip: **02601** Country: **USA** |

4. Date Incorporated or Qualified To Do Business in Florida: **09/21/2001**

5. FEI Number: **300062833** ☐ 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: **JEFF MAROTTA**

Street Address (P.O. Box Number is Not Acceptable): **4981 NW 54TH STREET**

500086194835
01725/07--01009--024 **61.75

Suite, Apt. #, Etc.

City: **COCONUT CREEK** State: **FL** Zip Code: **33073**

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: _____ Date: 1/16/07

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/D | JEFF MAROTTA | P.O. BOX 1892 | HYANNIS / MA / 02601 |
| VP/D | CIRENE MAROTTA | P.O. BOX 1892 | HYANNIS / MA / 02601 |
| S/D | JOAO PAULO WALDECK | P.O. BOX 1892 | HYANNIS / MA / 02601 |
| T/D | THOMAS CULLEN | P.O. BOX 1892 | HYANNIS / MA / 02601 |
| | | | |
| | | | |

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: _____ 1/16/07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E081 (9/00)