

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Glenda E. Hood**  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

03 OCT 27 PM 5:10

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **N02000000430**

1. Corporation Name

**FIRST BRAZILIAN BAPTIST CHURCH IN FORT MYERS, IN C.**

Principal Place of Business

Mailing Address

5878 DANIELS PKWY  
FT MYERS FL 33912

5878 DANIELS PKWY  
FT MYERS FL 33912

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified  
To Do Business in Florida

01/22/2002

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

30-0028222

Not Applicable

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required  
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
DP	MALTA, JOSE A	9838 BERNWOOD PLACE DR #304	FT MYERS FL 33912
DV	MALTA, ROSALEE C	9838 BERNWOOD PLACE DR #304	FT MYERS FL 33912
DS	PAULINO, RUTH F	8386 BAMBOO RD SAN CARLOS PK	FT MYERS FL 33912
DS	SANTOS, ELIANE C	2351 EAST MALL DR #108	FT MYERS FL 33912
ADT	DE MELLO, EDUARDO C	9854 BERNWOOD PLACE DR 304	FT MYERS FL 33912 * DELETE
PDT	DE FONSECA, FILIPE S	8386 BAMBOO RD SAN CARLOS PK	FORT MYERS FL 33912 * DELETE

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

TAX HOUSE CORPORATION  
3929 N FEDERAL HWY  
POMPANO BEACH FL 33064

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of  
Registered Agent

SIGNATURE

REGISTERED AGENT MUST SIGN

Date 10/15/03

11. 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/15/03

Date

(334) 418-0829

Daytime Phone #

CR2E040 (7/03)