

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

09 FEB -2 PM 4:00

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N02000005572

1. Corporation Name

AMOR EN ACCION MINISTRIES, INC.

2. Principal Office Address - No P.O. Box #

6279 W. SAMPLE RD

Suite, Apt. #, etc.

3. Mailing Office Address

6279 W. SAMPLE RD

Suite, Apt. #, etc.

City & State

CORAL SPRINGS, FL

Zip

33067

Country

US

City & State

CORAL SPRINGS, FL

Zip

33067

Country

US

REINSTATEMENT 06-09 KS

4. Date Incorporated or Qualified  
To Do Business in Florida 07/23/2002

5. FEI Number  
48-1267736

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

JOAO B RODRIGUES

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

3640 NW 78TH LANE

Suite, Apt. #, Etc.

City

CORAL SPRINGS, FL

State

FL

Zip Code

33065

☒ The reinstatement fee is imposed, except in  
circumstances which the entity did not receive  
the prior notices. By checking this box, you  
are certifying the prior notices were not  
received and requesting the reinstatement  
fee be waived.

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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

*[Signature]*

Date 01/30/2009

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<br>Officers and/or Directors | Street Address of Each<br>Officer and/or Director | City / State / Zip      |
|--------|--------------------------------------|---|-------------------------|
| P      | SOCORRO MAQUEIRA                     | 9761 NW 2ND ST.                                   | CORAL SPRINGS, FL 33071 |
| V      | JOAO B RODRIGUES                     | 3640 NW 78TH LANE                                 | CORAL SPRINGS, FL 33065 |
| T      | JOSE G LOPES                         | 3764 WOODFIELD DR                                 | COCONUT CREEK, FL 33073 |
| T      | DANILO MAQUEIRA                      | 9761 NW 2ND ST.                                   | CORAL SPRINGS, FL 33071 |
| S      | MARIANA ECHEGARAY                    | 6279 W. SAMPLE RD                                 | CORAL SPRINGS, FL 33067 |
| S      | OLGA NANCY ARCOS                     | 6279 W. SAMPLE RD                                 | CORAL SPRINGS, FL 33067 |

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:

*[Signature]*

JOAO B RODRIGUES

01/30/2009

754 422-0901

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #