



# 2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # N02000006857</b> 1. Entity Name <b>ABUNDANT LIFE BRAZILIAN CHURCH OF GOD, INC.</b>						<b>FILED</b> <b>05 AUG 22 PM 4:09</b> SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business <b>1550 BELCHER RD LARGO, FL 33771</b>				Mailing Address <b>P.O. BOX 1599 LARGO, FL 33779 US</b>			
2. Principal Place of Business		3. Mailing Address		 <b>REINSTATEMENT 04-05</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip		Country					
4. FEI Number <b>82-0562950</b>				Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required			
6. Name and Address of Current Registered Agent  <b>BAIRD, WILSON R 1372 BAY HARBOR DR APT 205 PALM HARBOR, FL 34685</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code			
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.							
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>							
<b>FILE NOW!!! FEE IS \$122.50</b>		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			Make check payable to <b>Florida Department of State</b>		
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BAIRD, WILSON R <input type="checkbox"/> Delete 1550 BELCHER RD LARGO, FL 33771			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>200058852542</b> <b>08/22/05--01072--008 **122.50</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BAIRD, WILLIAM R <input type="checkbox"/> Delete 1550 BELCHER RD LARGO, FL 33771			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROA, RUAN M <input type="checkbox"/> Delete 1550 BELCHER RD LARGO, FL 33771			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DE JESUS, CLEITON M <input type="checkbox"/> Delete 1550 BELCHER RD LARGO, FL 33771			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROCHA, CLAUDINEI R <input type="checkbox"/> Delete 1550 BELCHER RD LARGO, FL 33771			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.							
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<b>8/17/05 (727) 224 5592</b> <small>Date Daytime Phone #</small>			