

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # N03000000594

1. Corporation Name

FIRST BRAZILIAN CHURCH OF THE EMERALD COAST, INC

Principal Place of Business

4591 LUKE AVENUE
DESTIN FL 32541

Mailing Address

4591 LUKE AVENUE
DESTIN FL 32541

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

2. New Principal Office Address, If Applicable

362 Sailfish DR.

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Destin FL

City & State

Zip

32541

Country

OKALOOSA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

09/30/2002

5. FEI Number

11-3663006

Applied For

Not Applicable

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
PD	GLOVASKI, WILSON T	4591 LUKE AVENUE	DESTIN FL 32541
VSD	GLOVASKI, IVANI T	4591 LUKE AVENUE	DESTIN FL 32541
TD	GLOVASKI, VITOR H	4591 LUKE AVENUE	DESTIN FL 32541

8. Name and Address of Current Registered Agent

GLOVASKI, WILSON T.
4591 LUKE AVENUE
DESTIN FL 32541

9. Name and Address of New Registered Agent

Name

GLOVASKI, WILSON T.

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

362 Sailfish DR.

Suite, Apt. #, Etc.

City

Destin

State

FL

Zip Code

32541

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]

Date

11-12-2003

REGISTERED AGENT MUST SIGN

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

Date

11-12-2003

Daytime Phone #

CR2E040 (7/03)