

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 JAN 29 AM 8:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N04000000286

1. Corporation Name

TO GOD THE GLORY MINISTRIES-ASSEMBLIES OF GOD, INC.

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

100 NE 44TH STREET

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

POMPANO BEACH

City & State

FLORIDA

Zip

33064

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

01/06/2004

5. FEI Number

20-0611558

☐ 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

MARCOS DE ANDRADE MACHADO

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

10597 LAKE JASMINE DRIVE

Suite, Apt. #, Etc.

City

BOCA RATON

State

FL

Zip Code

33498

☒ 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.

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 of Marcos de Andrade Machado]
REGISTERED AGENT MUST SIGN

Date 01-26-2010

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	MARCOS DE ANDRADE MACHADO	10597 LAKE JASMINE DRIVE	BOCA RATON, FL 33498
VPS	ROSANGELA MATOS PEDROSA	15040 SW 40TH STREET	DAVIE, FL 33331
S	GERALDO JULIO DE SOUSA	4204 SW 11 STREET	DEERFIELD, FL 33442
	REINSTATEMENT	RH	

10. E-mail Address: PRMARCOSMACHADO@MSN.COM

(To be used for future annual report notification)

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. I further certify, 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 of Marcos de Andrade Machado]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-26-2010

Date

Daytime Phone #