

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

09 JUN 19 PM 4:19

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # N04000003861**

**1. Corporation Name**

VICTORY IN CHRIST, INC.

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

300 NW 35TH ST

Suite, Apt. #, etc.

City & State

BOCA RATON FL

Zip

33431

Country

US

**3. Mailing Office Address**

300 NW 35TH ST

Suite, Apt. #, etc.

City & State

BOCA RATON FL

Zip

33431

Country

US

000157555560  
06/22/09--01055--009 \*\*183.75

**REINSTATEMENT**

**4. Date Incorporated or Qualified  
To Do Business in Florida**

04/19/2004

**5. FEI Number**  
20-1009518

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

TAX HOUSE CORPORATION

Street Address (P.O. Box Number is Not Acceptable)  
1100 S. FEDERAL HWY

Suite, Apt. #, Etc.  
2nd FLOOR

City  
DEERFIELD BEACH

State  
FL

Zip Code  
33441

☒ 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

REGISTERED AGENT MUST SIGN

Date

06/17/09

**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	SILAS LIMA MALAFAIA	300 NW 35TH ST	BOCA RATON FL 33431
VP	GIDALTI GUEDES ALENCAR	300 NW 35TH ST	BOCA RATON FL 33431
ST	RAQUEL DE SOUZA	300 NW 35TH ST	BOCA RATON FL 33431

**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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

06/16/09 (561) 436 8421

Daytime Phone #