2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N05000004852 1. Eqitiy Name ASSEMBLEIA DE DEUS VIDEIRA, CORP. Principal Place of Business 4961 30TH PL SW. NAPLES, FL 34116 Mailing Address 4961 30TH PL SW. NAPLES, FL 34116							O9 AUG 21 AM 5: 41 SECRETARY OF STATE TALLAHASSEE, FLORIDA				
2. Principal P 2901 Suite, Apt.	DA	ness - No P.O. Box #		3. Mailing Address 3901 DAVIS BLVd Suite, Apt. #, etc.			09102008 REIN-NP CR2E099 (1/07)				
City & State			City & State NAPLES FL				4. FEI Number Applied For 20-2819611 Not Applicable				
Zip. 10	Zip Country		Zip	.07.7 00		5. Certificate of		Status Desired			Applicable onal
34 10	6. Name	and Address of Current F	Registered Agent				7. Name and Add		- Fee Re	quired	
TAX HOUSE CORPORATION							INCOME TAX CONP				
11601 S.C FORT MY		ID AVENUE SUITE 6 33907			Street Address (P.O. Box Number is Not Acceptable)						
			6006 Nadio Nd								
					City 人	1ar	les		PL 3	Code	04
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 Signature, typed cybrinted name of registered agent and talle of applicable. (NOTE: Registered Agent signature required when reinstating) DAFE											
FILE NOWI!! FEE IS \$122.50 In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Make check payable to Florida Department of Sta									of Stat		
10.	PD	OFFICERS AND DIR		CTORS 11.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN Directors in Change				O Addition
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42 Lhorobu	L certify that the	ne information supplied with	n this filing does not q	ualify for the e	vemotions co	ontained	in Chapter 119, Fk	orida Statutes. I	further certify tha	t the inf	ormation
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.											
SIGNATURE: 1/1/108 24-200-2002											