

2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N05000005039

FILED
Oct 14, 2008
Secretary of State

Entity Name: MINISTERIO INTERNACIONAL NOVA VIDA INC

Current Principal Place of Business:

1015 WEST NEWPORT CENTER
105
DEERFIELD BEACH, FL 33442

New Principal Place of Business:

360 S MILITARY TRAIL
DEERFIELD BEACH, FL 33442

Current Mailing Address:

1015 WEST NEWPORT CENTER
105
DEERFIELD BEACH, FL 33442

New Mailing Address:

360 S MILITARY TRAIL
DEERFIELD BEACH, FL 33442

FEI Number: 20-2848254 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

CSG- CAPITAL SERVICES GROUP INC
446 W HILLSBORO BLVD
DEERFIELD BEACH, FL 33441 US

Name and Address of New Registered Agent:

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.

SIGNATURE: MARCOS REZENDE

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: ROSA, NOE F
Address: 8375 DYNASTY DR
City-St-Zip: BOCA RATON, FL 33433

Title: DS () Delete
Name: DE OLIVEIRA, JOAO B
Address: 1183 SE 2ND AVE
City-St-Zip: DEERFIELD BEACH, FL 33441

Title: DT () Delete
Name: OLIVEIRA, HEBERT
Address: 1113 ANZA AVE
City-St-Zip: LEHIGH ACRES, FL 33971

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NOE F ROSA

DP

10/14/2008

Electronic Signature of Signing Officer or Director

Date