

# 2013 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N05000009081

FILED  
Jan 16, 2013  
Secretary of State

**Entity Name:** CASA DE ORACAO TODOS OS POVOS, INC.

**Current Principal Place of Business:**

15 F PALM HARBOR VILLAGE WAY  
PALM COAST, FL 32137 US

**New Principal Place of Business:**

7255 SALISBURY ROAD  
SUITE 5  
JACKSONVILLE, FL 32256 US

**Current Mailing Address:**

15 F PALM HARBOR VILLAGE WAY  
PALM COAST, FL 32137 US

**New Mailing Address:**

8859 OLD KINGS ROAD SOUTH  
APT 804  
JACKSONVILLE, FL 32257 US

**FEI Number:** 20-3694535

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MULLER, LUIZ C  
28 WHITE STAR DR  
PALM COAST, FL 32164 US

**Name and Address of New Registered Agent:**

MULLER, LUIZ C  
8859 OLD KINGS ROAD SOUTH  
APT 804  
JACKSONVILLE, FL 32257 US

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:** LUIZ MULLER

01/16/2013

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** MULLER, LUIZ C  
**Address:** 8859 OLD KINGS ROAD SOUTH APT 804  
**City-St-Zip:** JACKSONVILLE, FL 32257 US

**Title:** VP  
**Name:** MULLER, TERESINHA D  
**Address:** 8859 OLD KINGS ROAD SOUTH APT 804  
**City-St-Zip:** JACKSONVILLE, FL 32257 US

**Title:** DT1  
**Name:** SILVA, MARCOS V  
**Address:** 8189 TRAFALGAR SQ  
**City-St-Zip:** JACKSONVILLE, FL 32217 US

**Title:** DS1  
**Name:** MULLER, NYVIA R  
**Address:** 8189 TRAFALGAR SQ  
**City-St-Zip:** JACKSONVILLE, FL 32217 US

**Title:** DS2  
**Name:** AMORIM, NEYLA M  
**Address:** 8227 LOBSTER BAY CT APT 308  
**City-St-Zip:** JACKSONVILLE, FL 32256 US

**Title:** DT2  
**Name:** AMORIM, OTAVIO  
**Address:** 8227 LOBSTER BAY CT APT 308  
**City-St-Zip:** JACKSONVILLE, FL 32256 US

I hereby 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 all other like empowered.

**SIGNATURE:** LUIZ C MULLER

P

01/16/2013

Electronic Signature of Signing Officer or Director

Date