2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
Sep 28, 2007
Secretary of State

DOCUMENT# N05000010617

Entity Name: AME - ALIANCA MISSIONARIA DE EVANGELIZACAO CORP

Current Principal Place of Business:

600 S. FEDERAL HWY
201
DEERFIELD BEACH, FL 33441

New Principal Place of Business:

1015 W NEWPORT CENTER DR
105
DEERFIELD BEACH, FL 33442

Current Mailing Address:

600 S. FEDERAL HWY
201
DEERFIELD BEACH, FL 33441

New Mailing Address:

1015 W NEWPORT CENTER DR
105
DEERFIELD BEACH, FL 33442

FEI Number: 20-3637410 **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
822 SE 9TH ST
PALM PLAZA
DEERFIELD BEACH, FL 33441 US

Name and Address of New Registered Agent:

CSG - CAPITAL SERVICES GROUP INC
446 W HILLSBORO BLVD
DEERFIELD BEACH, FL 33441 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: MARCOS REZENDE 09/28/2007
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: ROSA, NOE F
Address: 22380 SANDS POINT DR
City-St-Zip: BOCA RATON, FL 33433

Title: VPD ( ) Delete
Name: OLIVEIRA, JOAO B
Address: 820 TIVOLI CIRCLE #207
City-St-Zip: DEERFIELD BEACH, FL 33441

Title: VPD ( ) Delete
Name: MELLO, WILLIAM M
Address: 22380 SANDS POINT DR
City-St-Zip: BOCA RATON, FL 33433

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VPD (X) Change ( ) Addition
Name: FAVARETO, ANTONIO CESAR
Address: 9957 ROBINS NEST RD
City-St-Zip: BOCA RATON, FL 33496

Title: VPD (X) Change ( ) Addition
Name: SILVA, ALEXANDRE
Address: 26 DEBORA RD
City-St-Zip: NORTH ATTLEBOROUGH, MA 02760

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 PDS 09/28/2007
Electronic Signature of Signing Officer or Director Date