## 2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# N08000001248

FILED Oct 14, 2009 Secretary of State

Entity Name: HOUSE OF GOD INTERNATIONAL MISSION MINISTRY, INC

**Current Principal Place of Business: New Principal Place of Business:** 

6820 CAVACADE DR APT T 4733 W WATERS AVE

TAMPA, FL 33614 2114

TAMPA, FL 33614

**Current Mailing Address: New Mailing Address:** 

6820 CAVACADE DR APT T 4733 W WATERS AVE TAMPA, FL 33614 2114

TAMPA, FL 33614

FEI Number: 26-1882503 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: Name and Address of New Registered Agent:

SANTOS, JOSE D DASILVA, RODRIGO S 6820 CAVACADE DR APT T 4040 W WATERS AVE TAMPA, FL 33614 STE 800

TAMPA, FL 33614 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: RODRIGO S DASILVA 10/14/2009

> Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete (X) Change ( ) Addition

SANTOS, JOSE D SANTOS, JOSE D Name: Name: Address: 6820 CAVACADE DR APT T Address: 4733 W WATERS AVE APT 2114

City-St-Zip: TAMPA, FL 33614 City-St-Zip: TAMPA, FL 33614

Title: (X) Delete Title: () Change () Addition

Name: SIMPSON, EUNICE A Name: Address: 6202 SHELDON RD #2015 Address: City-St-Zip: TAMPA, FL 33615 City-St-Zip:

Title: () Delete Title: () Change () Addition

DOS SANTOS, IVANILDE F Name: Name: 6820 CAVACADE DR APT T Address: Address: City-St-Zip: TAMPA, FL 33614 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.

Ρ SIGNATURE: JOSE D SANTOS 10/14/2009