## 2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# N08000011235

FILED Oct 21, 2009 Secretary of State

Entity Name: MINISTERIO INTERNACIONAL TIERRA DE AVIVAMIENTO, INC.

**Current Principal Place of Business: New Principal Place of Business:** 5106 BEAUTY STREET 4337 SW 21TH PLACE CAPE CORAL, FL 33914 LEHIGH ACRES, FL 339717541 **Current Mailing Address: New Mailing Address:** P.O.BOX 152543 5106 BEAUTY STREET LEHIGH ACRES, FL 339717541 CAPE CORAL, FL 33915 FEI Number: 26-4676710 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: GONCALVES, ELEONAI REV. 5106 BEAUTY STREET LEHIGH ACRES, FL 339717541 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: ELEONAI GONCALVES Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change ( ) Addition () Delete GONCALVES, ELEONAI GONCALVES, ELEONAI Name: Name: 5106 BEAUTY STREET Address: 4337 SW 21TH PLACE Address: City-St-Zip: LEHIGH ACRES, FL 339717541 City-St-Zip: CAPE CORAL, FL 33914 Title: Title: (X) Change ( ) Addition ( ) Delete BASTOS GONCALVES, VALERIA BRAGA Name: BASTOS GONCALVES, VALERIA BRAGA Name: Address: 5106 BEAUTY STREET Address: 4337 SW 21TH PLACE City-St-Zip: LEHIGH ACRES, FL 339717541 City-St-Zip: CAPE CORAL, FL 33914 Title: () Delete Title: (X) Change ( ) Addition RODRIGUEZ, FELIPE Name: TORRES, IVELIZZE Name: 1313 SOUTHWEST 11TH PLACE 4259 BELLASOL CR APT 2024 Address: Address: City-St-Zip: CAPE CORAL, FL 33991 City-St-Zip: FORT MYERS, FL 33916 Title: Title: ( ) Change (X) Addition ( ) Delete Name: Name: RODRIGUEZ, FELIPE Address: Address: 1313 SW 11TH PL City-St-Zip: City-St-Zip: CAPE CORAL, FL 33991 Title: () Delete Title: ( ) Change (X) Addition TORIBIO, GERALDO Name: Name: 913 SW 56TH ST Address: Address: City-St-Zip: City-St-Zip: CAPE CORAL, FL 33914

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: ELEONAI GONCALVES P 10/21/2009