


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

**CORPORATION REINSTATEMENT**  
 96-00



FLORIDA DEPARTMENT OF STATE  
 Katherine Harris  
 Secretary of State  
 DIVISION OF CORPORATIONS

00 APR 18 AM 9:13  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

**DOCUMENT #** N95000003762

1. Corporation Name  
 ASSAMBLEIA DE DEUS FILADELFIA, INC.

2. Principal Office Address 3511 NW 8 AVE		3. Mailing Office Address	
Suite, Apt. #, etc. 5-6-7		Suite, Apt. #, etc.	
City & State POMPANO BEACH, FL		City & State	
Zip 33064	Country USA	Zip	Country

**REINSTATEMENT** 96-00

4. Date Incorporated or Qualified To Do Business in Florida: 08/08/95 **SP**

5. FEI Number: 65-0605258  
 Applied For:  Not Applicable:

6. CERTIFICATE OF STATUS DESIRED  \$9.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: FRANCO WANDERLEY A REV

Street Address (P.O. Box Number is Not Acceptable): 3511 NW 8 AVE STE 5-6-7

Suite, Apt. #, Etc.

City: POMPANO BEACH, FL  
 State: FL Zip Code: 33064

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503 F.S.

Signature of Registered Agent: *[Signature]* Date: 4/17/00

REGISTERED AGENT MUST SIGN

9. Name and Street Addresses of Each Officer and/or Director (Florida non-profit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City, State / Zip
PD	FRANCO WANDERLEY	3511 NW 8 AVE STE 5-6-7	POMPANO BCH, FL33064
SD	DE FERNANDES-SENA MARIA	3511 NW 8 AVE STE 5-6-7	POMPANO BCH, FL 33064
TD	RIBEIRO ADILSON	3511 NW 8 AVE STE 5-6-7	POMPANO BCH, FL33064

10. I certify that I am an officer or director of the, receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(f), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: *[Signature]* Date: 4/17/00 (954) 781-7682

SIGNATURE BLANK TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

Florida Department of State  
Division of Corporations  
Public Access System  
Katherine Harris, Secretary of State

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To:  
Division of Corporations  
Fax Number : (850)922-4004

From:  
Account Name : FAS-T CORP. AGENTS, INC.  
Account Number : 071001002335  
Phone : (305) 599-0839  
Fax Number : (305) 716-0346

CORPORATION REINSTATEMENT

ASSAMBLEIA DE DEUS FILADILFIA, INC.

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