

1 of 2

FILED

02 SEP 10 PM 4:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N95000003762

1. Corporation Name
**MINISTERIO INTERNACIONAL FILADELFIA
IGREJA ASSAMBLEIA DE DEUS FILADELFIA, INC**

2. Principal Office Address 3323 QUAIL CLOSE		3. Mailing Office Address 3323 QUAIL CLOSE	
Subs. Apt. #, etc.		Subs. Apt. #, etc.	
City & State POMAPANO BEACH, FL		City & State POMPANO BEACH, FL	
Zip 33064	Country	Zip 33064	Country

REINSTATEMENT 01-02

4. Date incorporated or Qualified To Do Business in Florida

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

6. CERTIFICATE OF STATUS DESIRED \$3.75 Additional fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
FRANCO, WANDERLEY A REV

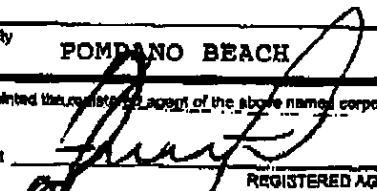
Street Address (P.O. Box Number is Not Acceptable)
3323 QUAIL CLOSE

Subs. Apt. #, Etc.

City
POMPANO BEACH

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 807.0606 or 817.0903, F.S.

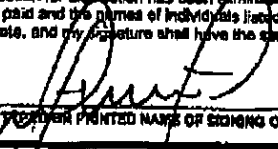
Signature of Registered Agent  Date _____

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit 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	WANDERLEY, FRANCO	3323 QUAIL CLOSE	PB, FL 33064
SD	DE FERNANDES SENA, MARIA	3323 QUAIL CLOSE	PB, FL 33064
TD	RIBEIRO, ADILSON	3323 QUAIL CLOSE	PB, FL 33064

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 807 or 817, 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 807.0401 or 817.0401, 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)(b), 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:  Date _____ Daytime Phone # _____

SIGNATURE AND FULLER PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2052

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H02000194360 2))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:
Division of Corporations
Fax Number : (850)205-0384

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

CORPORATION REINSTATEMENT

MINISTERIO INTERNACIONAL FILADELFIA IGREJA ASSEMBLEI

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$297.50