

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 MAY 24 PM 2:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N95000003762

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

261 SE 13 AVE
3323 QUAIL CLOSE

2. Principal Office Address
261 SE 13 AVE

3. Mailing Office Address
3323 QUAIL CLOSE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
POMPANO BEACH, FL

City & State
POMPANO BEACH, FL

Zip Country
330606 US

Zip Country
33064 US

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number
65-0605258

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required
for a Certificate of Status

300037055113
05/24/04--01097--004 **236.25
02-25-04 9062 050 #61.25
0304

7. Name and Address of Current Registered Agent

Name
TAX HOUSE CORPORATION

REINSTATEMENT

Street Address (P.O. Box Number is Not Acceptable)
1261 E SAMPLE RD

Suite, Apt. #, Etc.

City
POMPANO BEACH

State Zip Code
FL 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

REGISTERED AGENT MUST SIGN

Date 05/20/2004

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD	FRANCO, WANDERLEY	3323 QUAIL CLOSE	POMPANO BCH, FL 33064
VD	COSTA, RENATO	3323 QUAIL CLOSE	POMPANO BCH, FL 33064
SD	NASCIMENTO, ROBERTO V	3323 QUAIL CLOSE	POMPANO BCH, FL 33064
TD	SILVA, NELCY	3323 QUAIL CLOSE	POMPANO BCH, FL 33064
TD	SOUZA, ANA MARIA	3323 QUAIL CLOSE	POMPANO BCH, 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 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)(i), 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:

05/20/2004

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (01/04)