PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
99 JUN 21 AM 11:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N96000002882

1. Corporation Name

IGREJA EVANGELICA MISSIONARIA EL-SHADDAI, INC.

Principal Place of Business: 1181 71 ST. MIAMI BEACH - FL-33141

Mailing Address:

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

DO NOT WRITE IN THIS SPACE

2. New Principal Office Address, If Applicable	3. New Mailing Address, If Applicable
1181 71 ST.	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MIAMI BEACH - FL	City & State
Zip: 33141 Country: DADE	Zip Country

4. Date Incorporated or Qualified To Do Business In Florida: 05/31/1996

5. FEI Number: 65-0670170 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for Certified Copy

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PD	FRANCISCO DANIEL DA SILVA	2.000 ISLAND BLVD, #2803	WILLIAMS ISLAND - FL-33160
VPD	LIDIA FERNANDES DA SILVA	2.000 ISLAND BLVD, #2803	WILLIAMS ISLAND - FL-33160
TD	DERMEVAL NASCIMENTO	9390 E. BAY HARBOUR DR #3	BAY HARBOUR ISLAND, FL-33
SD	GORETE M. KELLEY	411 POINCIANA ISLAND	SUNNY ISLAND, FL-33160

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8. Name and Address of Current Registered Agent

E & V GREAT PROFESSIONAL, INC
5545 SW 8 STREET, SUITE 207
MIAMI, FL - 33134 - USA.

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City | State: FL | Zip Code

10. I being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent: [signature] REGISTERED AGENT MUST SIGN Date: 06-16-99

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☐ (See other side for information on intangible tax.)

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(i). In the event that the information supplied is deemed exempt from public access, I certify that I am an officer or director of the corporation 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 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., and that all fees owed by the corporation have been paid. 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] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JUN, 16-1999 Date 305-9336663 Daytime Phone #