

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT  
FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

02 NOV -7 AM 8:01

DOCUMENT # N97000002288

1. Corporation Name

ASSEMBLY OF GOD NEW LIFE CORPORATION

Principal Place of Business

901 E MACNAB ROAD  
POMPANO BEACH FL 33060

Mailing Address

901 E MACNAB ROAD  
POMPANO BEACH FL 33060

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

04/21/1997

5. FEI Number

65-0741132

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required for a Certificate of Status

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P/D	DE ROSA, NOE F REV.	1382 SEAVIEW DR	NORTH LAUDERDALE FL 33068
PD	BARBOSA, LUIZ CARLOS	1392 SEAVIEW DRIVE	NORTH LAUDERDALE FL 33068
S/D	RAMOS, ALESSANDRO	3963-F COCOPLUM CIRCLE	COCONUT CREEK FL 33083
TD	DA SILVA, JOAO B	5710 LAKESIDE DR APT #508	MARGATE FL 33063

100008843521  
11/07/02--01005--008 \*\*\$1.25

8. Name and Address of Current Registered Agent

DA ROSA, NOE F REV.  
901-E MACNAB ROAD  
POMPANO BEACH FL 33060

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. or 617.0505, F.S.

Signature of Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

11. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/24/02 954.5800505

CR2E040 (8/02)



# IGREJA ASSEMBLÉIA DE DEUS NOVA VIDA

MINISTÉRIO INTERNACIONAL NOVA VIDA

NEW LIFE  
ASSEMBLY OF GOD  
CHURCH

Pompano Beach, FL - October 24, 2002.


To whom it may concern:

This letter is to inform that we have not received any prior notice of the uniform business report (UBR).

Athached we send our application for reinstatement along with a check of \$61.25.

For further information or any concerns on this matter please feel free to call our office at (954) 580-0505.

Sincerely,

  
Rev. Noé Rosa - President