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PLEÁSE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT



FLORIDA DEPARITMENT OF STATE Secretary of State DIVISION OF CORPORATIONS

2007 AUG - 7 AM 10: 44

SECRE :ARY OF STATE TALLAHASSEE FLORIDA

REINSTATEME

DOCUMENT # N97000003634

1. Corporation Name

Ministerio Internacional Alpha, Inc

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2. Principal Office Address - No P.O. Box # 6101 Blue Lagoon Dr 6101 E			ffice Address Blue Lagoon Dr			CR2E081 (1/07)					
Suite, Apt. #, etc. Suite 150 Suite 1						4. Date Incorporated or Qualified To Do Business in Florida 06/25/1997					
			City & State Miami,	_{ty & State} 1iam i, FL			Applied For				
^{Zip} 3312	6	Country	^{Zip} 33126		Country			6. CERTIFICATE	OF STATUS DESIRED		litional Fee require rtificate of Status
7. Name and Address of Current Registre Paulo Alves Correa Street Address & Box Number, is Not Acceptable) 22635 SW 65th Way Suite, Apt. #, Etc. Boca Raton				State 33 ^{Zip Code}			The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.				
Signature o	,	e registered agent of the abo	egistered ag	ノ 		and accept	t the ob	oligations of section	on 607.0505 or 617.0 Date <u>07/25/</u>		
9. Names	and Street Ac	ddresses of Each Officer and	d/or Director (Flo	orida nonprofit	corporat	ions must li	st at lea	ast 3 directors)			
Titles		Name of Officers and/or Directors		Street Address of Each Officer and/or Director				City / State / Zip			
PD	Corre	Correa, Paulo A		22635 SW 65th W		Boca Raton, FL 33120		33126			
VP	Correa, Eliane da Cruz			22635 SW 65th Wa			ay	Boca Raton, FL 33126			
SD	Correa, Rodrigo da Cruz			22635 SW 65th Wa			ay Boca Raton, FL 3312		33126		
S	Correa Junior, Paulo A			22635	5 SW	/ 65th	Wa	ау	Boca Rat	on, FL	33126
TD	Correa, Pauliane da Cruz			22635	5 SW	/ 65th	Wa	ay	Boca Rat	ton, FL	33126
Т	Da Silva, Erika Roberta		22635	 5 SW	/ 65th	W	av	Boca Rat	ton, FL	33126	

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 filling 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 bave been paid and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, 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.

e.	NI A	TI	 ᄼ

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

07 24 2007

Daytime Phone #

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CORPORATION REINSTATEMENT	FLORIDA DEPAR Secretary DIVISION OF C						
DOCUMENT # N97000003							
Ministerio Interna	acional Al	pha, Inc					
2. Principal Office Address - No P.O. Box # 6101 Blue Lagoon Dr	3. Mailing Office Address 6101 Blue L	agoon Dr		CR2E081 (1/07	")		
Suite, Apt. #, etc. Suite 150	Suite, Apt. #, etc. suite 150		4. Date Incorporated or Qualified To Do Business in Florida 06/25/1997				
City & State Miami, FL	City & State Miami, FL		65-0762622 Applied For Not Applicable				
33126 Country US	^{Zip} 33126	Country	6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fe		75 Additional Fee required or a Certificate of Status		
7. Name and Address of Paulo Alves Correa Street Address CP O Box Number is Not Acceptable 22635 SW 65th Way Suite, Apt. #, Etc. Boca Raton		The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.					
8. 1, being appointed the registered agem, of the about Signature of Registered Agent	Date 07/25/2007						
9. Names and Street Addresses of Each Officer and	d/or Director (Florida nonpro	ofit corporations must list at le	ast 3 directors)				
Titles Name of Officers and/or Directors		Street Address of Each Officer and/or Director		City / Sta	ute / Zip		
D Igreja Ev. Assembleia de Deus Miniterio de	e Santos-Brazil Rua I	Dr. Manoel Tour	rinho 351	Santos, São l	Paulo - Brazil		
·							
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 contained in Chapter 119, 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:							