

Pg 102

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2007 AUG -7 AM 10:44


SECRETARY OF STATE
TALLAHASSEE FLORIDA

REINSTATEMENT

400107462424 05-07
08/07/07--01023--031 **367.50

CR2E081 (1/07)

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N97000003634

1. Corporation Name

Ministerio Internacional Alpha, Inc

2. Principal Office Address - No P.O. Box #
6101 Blue Lagoon Dr

3. Mailing Office Address
6101 Blue Lagoon Dr

Suite, Apt. #, etc.
suite 150

Suite, Apt. #, etc.
suite 150

City & State
Miami, FL

City & State
Miami, FL

Zip
33126

Country
US

Zip
33126

Country
US

4. Date Incorporated or Qualified To Do Business in Florida
06/25/1997

5. FEI Number
65-0762622

Applied For
 Not Applicable

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

7. Name and Address of Current Registered Agent

Name
Paulo Alves Correa

Street Address (P.O. Box Number is Not Acceptable)
22635 SW 65th Way

Suite, Apt. #, Etc.

City
Boca Raton

State
FL

Zip Code
33126

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. 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

Date 07/25/2007

REGISTERED AGENT MUST SIGN

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	Correa, Paulo A	22635 SW 65th Way	Boca Raton, FL 33126
VP	Correa, Eliane da Cruz	22635 SW 65th Way	Boca Raton, FL 33126
SD	Correa, Rodrigo da Cruz	22635 SW 65th Way	Boca Raton, FL 33126
S	Correa Junior, Paulo A	22635 SW 65th Way	Boca Raton, FL 33126
TD	Correa, Pauliane da Cruz	22635 SW 65th Way	Boca Raton, FL 33126
T	Da Silva, Erika Roberta	22635 SW 65th Way	Boca Raton, 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 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 X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

07/24/2007

Date

Daytime Phone #

Pg 2 of 2

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N97000003634 - Continuing Page 02

1. Corporation Name

Ministerio Internacional Alpha, Inc

2. Principal Office Address - No P.O. Box #
6101 Blue Lagoon Dr

3. Mailing Office Address
6101 Blue Lagoon Dr

Suite, Apt. #, etc.
suite 150

Suite, Apt. #, etc.
suite 150

City & State
Miami, FL

City & State
Miami, FL

Zip
33126

Country
US

Zip
33126

Country
US

CR2E081 (1/07)

4. Date Incorporated or Qualified To Do Business in Florida
06/25/1997

5. FEI Number
65-0762622

Applied For
Not Applicable

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

7. Name and Address of Current Registered Agent

Name
Paulo Alves Correa

Street Address (P.O. Box Number is Not Acceptable)
22635 SW 65th Way

Suite, Apt. #, Etc.

City
Boca Raton

State
FL

Zip Code
33126

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. 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

Date **07/25/2007**

REGISTERED AGENT MUST SIGN

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
D	Igreja Ev. Assembleia de Deus Ministerio de Santos-Brazil	Rua Dr. Manoel Tourinho 351	Santos, São 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **07/24/2007**

Daytime Phone #