

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 NOV 24 AM 10:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N99000000802

1. Corporation Name

ASSOCIATION OF BRAZILIAN BAPTIST CHURCHES OF NORTH
AMERICA, CORP.
6356 NW 39th ST
CORAL SPRINGS, FL 33067

2. Principal Office Address

6356 NW 39th ST

Suite, Apt. #, etc.

City & State

CORAL SPRINGS, FL

Zip

33067

Country

USA

3. Mailing Office Address

CORAL SPRINGS, FL 33067

Suite, Apt. #, etc.

City & State

DEERFIELD BEACH, FL

Zip

33441

Country

USA

100043030521
11/29/04--01008--002 **297.50

**4. Date Incorporated or Qualified
To Do Business in Florida**

02/09/1999

5. FEI Number
65-0866390

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$9.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

MARCOS A REZENDE

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

822 SE 9th ST

Suite, Apt. #, Etc.

PALM PLAZA

City

DEERFIELD BEACH,

State
FL

Zip Code
33441

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

[Signature]
REGISTERED AGENT MUST SIGN

Date 10/19/2004

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	JEDAIAS AZEVEDO	789 HUNTINGTON PINES DR	OCOE, FL 34761
VPD	AIRTON PUPO	12235 CREEK TURN DR	CHARLOTTE, NC 28278
SD	PEDRO MOURA ALMEIDA	107 FENLEY AVE #H-4	LOUISVILLE, KY 40207
TD	LUIZ AMARO DA SILVA	6356 NW 39TH ST	CORAL SPRINGS, FL 33067

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/19/2004

Date

954-427-4770

Daytime Phone #

CR2E081 (01/04)