2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N99000005223

FILED Jul 16, 2007 Secretary of State

Entity Name: IGREJA HEBROM ASSEMBLEIA DE DEUS CORPORATION

Current Principal Place of Business: New Principal Place of Business:

3266 NW 99 WAY

CORAL SPRINGS, FL 33065

Current Mailing Address: New Mailing Address:

7410 NW 29TH ST. 3266 NW 99 WAY

MARGATE, FL 33063 CORAL SPRINGS, FL 33065

FEI Number: 65-0946278 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

CASTILHO, CONSUELO ALVES 10416 W SAMPLE RD

CORAL SPRINGS, FL 33065 US STE E BOCA RATON, FL 334286530 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both,

in the State of Florida.

SIGNATURE: PAULO OLIVEIRA 07/16/2007

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

EAGLE TAX REPRESENTATION, CORP.

23150 SANDALFOOT PLAZA DRÎVE

itle: PD () Delete Title: PD (X) Change () Addition

Name: CASTILHO, CONSUELO ALVES Name: CASTILHO, CONSUELO À
Address: 5015 WILES RD 201 Address: 1820 VISTA WAY

City-St-Zip: COCONUT CREEK, FL 33073 City-St-Zip: MARGATE, FL 33063

Title: TD () Delete Title: VP (X) Change () Addition
Name: CRUZ CASTILLO, FERNANDO Name: CASTILHO, PAULO C
Address: 3410 TINE WALK DR N. APT 811 Address: 1820 VISTA WAY

Address: 3410 TINE WALK DR N, APT 811 Address: 1820 VISTA WAY

City-St-Zip: MARGATE, FL 33063 City-St-Zip: MARGATE, FL 33063

 Name:
 CASTILNO, PAULO CESER
 Name:
 GOMES, ALEXANDRE

 Address:
 5015 WILES RD 201
 Address:
 1820 VISTA WAY

 City-St-Zip:
 COCONUT CREEK, FL 33073
 City-St-Zip:
 MARGATE, FL 33063

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CONSUELO A CASTILHO PD 07/16/2007