

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 MAY 29 AM 8:29

DOCUMENT # N99000006802

1. Corporation Name

Primeira Assembleia De Deus Brasileira Em Fort Myers, Inc.

2. Principal Office Address - No P.O. Box #

3106 Broadway

Suite, Apt. #, etc.

3. Mailing Office Address

3106 Broadway

Suite, Apt. #, etc.

City & State

Ft Myers FL

City & State

Ft Myers FL

Zip

33901

Country

US

Zip

33901

Country

US

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

65-0962538

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
Luiz Moutela

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

3187 Antica Street

Suite, Apt. #, Etc.

City
Ft Myers

State
FL

Zip Code
33905

☒ 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

Luiz Moutela

REGISTERED AGENT MUST SIGN

Date

5/25/07

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	Luiz Moutela	3187 Antica Street	Ft Myers FL 33905
VPD	Luiz Machado	712 Tarpon Street #2	Ft Myers FL 33916
TD	Joao Da Silva	5328 29th Street SW	Lehigh Acres FL 33971
SD	Pabla Bernardes	2703 SW 27th Street	Cape Coral FL 33914

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:

Luiz Moutela
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/25/07

(239)275-7766

Daytime Phone #