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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

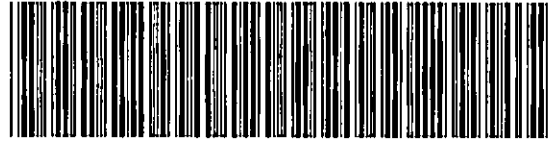
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04/28/22--01017--025 **35.00

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: VENI CRIADOR CHRISTIAN UNIVERSITY CORP

DOCUMENT NUMBER: P19000076677

The enclosed *Articles of Revocation of Dissolution* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

ACILINA DA SILVA CANDEIA

Name of Contact Person

Firm/Company

7350 FUTURES DRIVE, SUITE 18

Address

ORLANDO, FL

City/State and Zip Code

marcya@cartoriobrasil.net

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ACILINA DA SILVA CANDEIA At 321 557 7972
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|---|--|---|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee & Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | <input type="checkbox"/> \$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed) |
|---|---|--|---|

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF REVOCATION OF DISSOLUTION

Pursuant to section 607.1404, Florida Statutes, this Florida profit corporation revokes its Articles of Dissolution prior to the expiration of 120 days following the effective date (or file date, if no effective date) of the Articles of Dissolution:

FIRST: The name of the corporation is: VENI CRIADOR CHRISTIAN UNIVERSITY CORP

SECOND: The document number of the corporation (if known) is P19000076677

THIRD: The effective date (or file date, if no effective date) of the Articles of Dissolution filed with the Florida Department of State is 09/30/2019

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

FOURTH: The Revocation of Dissolution was authorized on 04/18/2022

FIFTH: Adoption of Revocation of Dissolution (check one)

- The board of directors/incorporation revoked the dissolution.
- The board of directors revoked the dissolution authorized by the shareholders and revocation was permitted by action by the board of directors alone pursuant to that authorization.
- The shareholders revoked the dissolution and was authorized by the shareholders in the manner required by this chapter and by the articles of incorporation.

SIXTH: A copy of the Articles of Dissolution is attached.

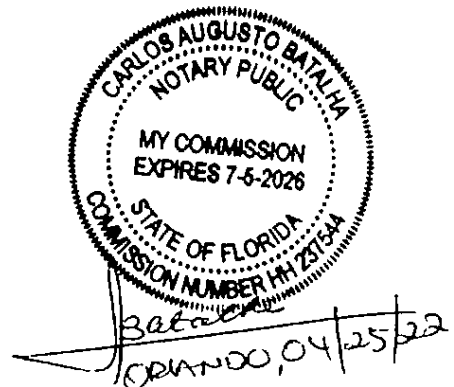
Signature Acilino da Silva Cavaleira

(By a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary)

(Typed or printed name of person signing)

(Title of person signing)

FILING FEE \$35



2022 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P19000076677

Entity Name: VENI CREATOR CHRISTIAN UNIVERSITY CORP

Current Principal Place of Business:

400 WEST EMMETT ST
KISSIMMEE, FL 34741

Current Mailing Address:

7350 FUTURES DRIVE
SUITE 18
ORLANDO, FL 32819 US

FEI Number: 37-1955767

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

CARTORIO BRASIL LLC
7350 FUTURES DRIVE
SUITE 18
ORLANDO, FL 32819 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: MARCIA A MACHADO

04/18/2022

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title P
Name DA SILVA CANDEIA, ACILINA
Address 7350 FUTURES DRIVE
SUITE 18
City-State-Zip: ORLANDO FL 32819

I hereby 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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: ACILINA DA SILVA CANDEIA

P

04/18/2022

Electronic Signature of Signing Officer/Director Detail

Date