

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

3. Mailing Office Address  
CORAL SPRINGS, FL 33067

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
CORAL SPRINGS, FL

City & State  
DEERFIELD BEACH, FL

Zip  
33067

Country  
USA

Zip  
33441

Country  
USA

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  \$8.75 Additional Fee required for a Certificate of Status

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

*11/29*

**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

Date 10/19/2004

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	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)(f), 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)