PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
01 SEP 14 PM 12:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 706562

1. Corporation Name

CHAPEL OF SANTA MARKELLA AND SAINT DEMETRIOS, INC.

2. Principal Office Address	**3.** Mailing Office Address
400 E. MIRACLE STRIP PKWY. P.O. BOX 2135	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MARY ESTHER, FL	City & State: FORT WALTON BEACH, FL
Zip: 32569 Country: USA	Zip: 32549 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 12-17-63

5. FEI Number: 148281579 ☐ 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

900004602809--9
-09/20/01--01064--005
*****8.75 *****8.75

Name: CATHERINE PUFFER

Street Address (P.O. Box Number is Not Acceptable): 5 SANDALWOOD DRIVE

Suite, Apt. #, Etc.: #16B

REINSTATEMENT 9-1-01 TS

City: FORT WALTON BEACH State: FL Zip Code: 32548

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 X Catherine Puffer (REGISTERED AGENT MUST SIGN) Date 9-11-01

CR2E061 (9/00)

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	WILFRED DENNIS	515 NUTMEG AVE.	NICEVILLE, FL 32578
VD	TIM BOOLOS	146 LONG POINTE DR.	MARY ESTHER, FL 32569
TD	CATHERINE PUFFER	5 SANDALWOOD DR. #16B	FORT WALTON BCH, FL 32548
SD	CONNIE MORGAN	9645 NAVARRE PKWY.	NAVARRE, FL 32566

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: Catherine Puffer CATHERINE PUFFER 9-11-01 (850) 243-3885
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #