

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 718978

1. Corporation Name

THE AMERICAN CATHOLIC CHURCH SYRO - ANTIOCHIAN, INC.

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

782 NW 42 AVENUE

Suite, Apt. #, etc.

2ND FLOOR

City & State

MIAMI, FLORIDA

Zip

33126

Country

USA

3. Mailing Office Address

782 NW 42 AVENUE

Suite, Apt. #, etc.

2ND FLOOR

City & State

MIAMI, FLORIDA

Zip

33126

Country

USA

7. Name and Address of Current Registered Agent

Name

DOUGLAS ANTEPARA

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

3475 W. FLAGLER STREET

Suite, Apt. #, Etc.

2ND FLOOR

City

MIAMI

State

FL

Zip Code

33135

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

Douglas Antepara
REGISTERED AGENT MUST SIGN

Date 01/20/10

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
P	ZUBIZARRETA, FLORENTINO	3475 W. FLAGLER ST	MIAMI FL 33135
SVP/S	HAYDELSTIEN, YISHAI	3475 W. FLAGLER ST	MIAMI FL 33135
VP	VELAZQUEZ, DAYMAO	3475 W. FLAGLER ST	MIAMI FL 33135
T	MUNOZ, JOSE	3475 W. FLAGLER ST	MIAMI FL 33135
AT	BARRETO, DIXON	3475 W. FLAGLER ST	MIAMI FL 33135
AS	GADDIERIE, KATHY	3475 W. FLAGLER ST	MIAMI FL 33135

10. E-mail Address: PUBLICACCOUNTING@AOL.COM

(To be used for future annual report notification)

11. 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. I further certify, 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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 01/20/10

305-608-6559

Date

Daytime Phone #

FILING CANCELLED
RETURNED CHECK
FILED

10 JAN 28 PM 3:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 1987-10

000167464060
01/28/10--01033--027 **1653.75

CR2E081 (11/09)

4. Date Incorporated or Qualified
To Do Business in Florida 08/10/1970

5. FEI Number

☒ Applied For
☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

☒ 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.

201/29