

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2006 JUL -3 AM 10:04

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 726889

1. Corporation Name

Holy Cross EPISCOPAL CHURCH, INC.

2. Principal Office Address

141 NE 36 Street

Suite, Apt. #, etc.

3. Mailing Office Address

Po Box 370798

Suite, Apt. #, etc.

City & State

Miami, FL

City & State

Miami, FL

Zip

33137

Country

Zip

33137

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

1973

5. FEI Number

59-0806966

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required  
for a Certificate of Status

REINSTATEMENT 04-06  
CR2E081 (12/05)

7. Name and Address of Current Registered Agent

Name

Rev Jose Leonel Ortiz

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

141 NE 36 Street

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33137

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 6/11/2006

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	WAYNE ROZNAK	942 NE 146 Street	N. Miami, FL 33161
MD	EDUARDO MORALES	14555 N. Miami Ave	Miami, FL 33168
D	REV. JOSE LEONEL ORTIZ	8422 NW 140 Terrace #608	Miami Lakes, FL 33106

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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:

WAYNE ROZNAK

6/11/06

Date

786-252-7905

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR