

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

Handwritten signature and 'FILED' stamp

DOCUMENT # 757799

1. Corporation Name

ST. PAUL EVANGELICAL LUTHERAN CHURCH OF BOCA RATON, FLORIDA, INC.

Principal Place of Business

Mailing Address

701 WEST PALMETTO PARK ROAD
BOCA RATON FL 33486

701 WEST PALMETTO PARK ROAD
BOCA RATON FL 33486

96 SEP 30 AM 8:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Handwritten note: filed as A/R mwb 10/15/96 Reinstatement waived

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

04/30/1981

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-1231929

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED [X]

\$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Table with 4 columns: Title(s), Name of Officers and/or Directors, Street Address of Each Officer and/or Director, City / State / Zip. Lists directors: ED FUERSTENAU, S TAGE, AED DOVER, T ZOOK, AED ANDERSON, AED BARBIERI.

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

FUERSTENAU, ROBERT
800 SW 12TH AVE
BOCA RATON FL 33486

Name

August Brown

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

701 W. Palmetto Park Road

Suite, Apt. #, Etc.

800001975528--1

City

Boca Raton

Date

10/15/96, 01231-002, *****6195, *****00

10. I being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

REGISTERED AGENT MUST SIGN

Date

9/25/96

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes [] No [X]

(See other side for information on Intangible tax.)

12. 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:

Handwritten signature of Robert Fuerstenau

ROBERT FUERSTENAU 9/25/96 61-395-0433

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (7/96)