

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 JAN 19 PM 4:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **NO1 000 006993**

1. Corporation Name

ST MAURICE CATHOLIC CHURCH

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

2851 STIRLING RD

Suite, Apt. #, etc.

City & State

FT LAUDERDALE FL

Zip

33312

Country

USA

3. Mailing Office Address

2851 STIRLING RD

Suite, Apt. #, etc.

City & State

FT LAUDERDALE FL

Zip

33312

Country

USA

000166588090
01/19/10--01033--022 **306.25
CR2E081 (1/109)

REINSTATEMENT

06-10

4. Date incorporated or obtained
To Do Business in Florida **1970**

5. FEI Number

59 1323079

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

Name

REV ROGER E HOLOUBEK

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

2851 STIRLING RD

Suite, Apt. #, Etc.

City

FT LAUDERDALE

State

FL

Zip Code

33312

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.

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

REV ROGER E HOLOUBEK

Date

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	REV ROGER E HOLOUBEK	2851 STIRLING RD	FT LAUDERDALE FL 33312
T	REV ROGER E HOLOUBEK	2851 STIRLING RD	FT LAUDERDALE FL 33312

10. E-mail Address: **LM438@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:

REV ROGER E HOLOUBEK

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #