

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

08 APR 10 AM 10:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N18885

1. Corporation Name

ST. MICHAEL'S UKRAINIAN ORTHODOX CHURCH, INC.

300122910083
04/10/08--01029--009 **306.25

REINSTATEMENT 07-08
CR2E081 (12/07)

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

9201 60th STREET NORTH

Suite, Apt. #, etc.

City & State

PINELLAS PARK, FL.

Zip

33782

Country

US

3. Mailing Office Address

9201 60th STREET NORTH

Suite, Apt. #, etc.

City & State

PINELLAS PARK, FL.

Zip

33782

Country

US

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

59-2515192

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. STEVEN IVANOFF

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

12402 CEDARFIELD DRIVE

Suite, Apt. #, Etc.

City

RIVERVIEW

State

FL

Zip Code

33579

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

Steven Ivanoff

Date 3/15/08

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
PRES	VALENTINA CONNOLLY	10395 110th WAY NORTH	LARGO, FL. 33778
V. PRES.	FRANK CHOLOWSKY	2902 IMPERIAL PALM DRIVE	LARGO, FL. 33771
R.S.	ANN CHOLOWSKY	P. O. BOX 20966	ST. PETERSBURG, FL. 33742
S.T.	ANASTASIA SOTNY	3445 99th PLACE NORTH	PINELLAS PARK, FL. 33782

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: *Valentina Connolly* VALENTINA CONNOLLY

3/15/08

727-541-5222

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #