

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR **96-98** REINSTATEMENT

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

DOCUMENT # **N9300000846**

1. Corporation Name **CIRCLE OF SERBIAN SISTERS & ST PETKA**

Principal Place of Business: **ST SAVA SERBIAN ORTH CHURCH 8065 PRICE BLVD NORTH PORT FL 34287**

Mailing Address: **P.O. BOX 7914**

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

2. New Principal Office Address, If Applicable: **P.O. BOX 7914**

3. New Mailing Office Address, If Applicable: **P.O. BOX 7914**

4. Date Incorporated or Qualified To Do Business in Florida: **03-12-93**

5. FEI Number: **N9300000846**

6. CERTIFICATE OF STATUS DESIRED: **\$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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D PRESIDENT	DRAGICA VLAHOVIC	337 SANTURCE AVE	NORTH PORT FL 34287
D VICE PRES	SANKA MIHAJLOVIC	1312 GISELA AVE	NORTH PORT FL 34287
D SEC	LANA MILIC	1800 LOSTON ST	NORTH PORT FL
D TRES	SLAVICA KOMAZEC	3854 MAGARA TERRACE	NORTH PORT FL 34287

APPROVED
 FILED
 98 JAN 15 PM 2:52
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

8. Name and Address of Current Registered Agent: **CIRCLE OF SERBIAN SISTERS ST PETKA P.O. BOX 7914 NORTH PORT FL 34287**

9. Name and Address of New Registered Agent: **DRAGICA VLAHOVIC 337 SANTURCE AVE NORTH PORT FL 34287**

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: **Dragica Vlahovic** (REGISTERED AGENT MUST SIGN)

Date: **Jan 8, 1998**

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

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: **DRAGICA VLAHOVIC**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **01-08-98**

Daytime Phone #: **(941) 426-4113**

CR2E040 (12/96)