


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE
		Katherine Harris Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **N47139**

1. Corporation Name

**LAY APOSTOLATE FOUNDATION, INC.**

Principal Place of Business

P.O. BOX 50  
ASBURY NJ 08802  
US

Mailing Address

801 SOUTH FEDERAL HIGHWAY  
APT. 1106  
POMPANO BEACH FL 33062

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

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	4 City / State / Zip
TPT	<del>HAFFERT, JOHN M</del> Richard fasenello	<del>801 S. FEDERAL HIGHWAY</del> 360 Belvidere Ave	<del>POMPANO BEACH FL 33062</del> Washington Twp NJ
TVS	HAFFERT, PATRICIA M.	801 S. FEDERAL HIGHWAY	POMPANO BEACH FL 33062
X OS	<del>BENICOLA STACIA</del> Celestine Behling	<del>801 S. FEDERAL HIGHWAY</del> 134 Sycamore Avenue	<del>POMPANO BEACH FL 33062</del> Bridgewater, NJ 08807
TPT	Carl marlberg	8725 Monroe Ave	Munster, Ind 46321
			400004717284--2 -12/10/01--01102--022 ****236.25 ****236.25

8. Name and Address of Current Registered Agent

~~DE NICOLA, STACIA~~  
801 S. FEDERAL HIGHWAY  
POMPANO BEACH FL 33062

9. Name and Address of New Registered Agent

Name  
Patricia M. Haffert  
Street Address (P.O. Box Number is Not Acceptable)  
801 S. Federal Highway APT. 1106  
City, Apt. #, Etc.  
Pompano Beach,  
City  
FL  
State  
Zip Code  
33062

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.

X  
Signature of  
Registered Agent

*Patricia M. Haffert*  
REGISTERED AGENT MUST SIGN

Date

11/21/01

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 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: *Celestine Behling* - Celestine Behling 11/20/2001 908526-1431  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

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REINSTATEMENT 01

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