PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT
DOCUMENT # 7 1. Corporation Name CATHOLIC CHAF



FLORIDA DEPARTMENT OF STATE Secretary of State

DIVISION OF CORPORATIONS

FILED SECRETARY OF STATE DIVISION OF CORRESPANDING

03 SEP 30 PM 4: 02

0/20/2003

DOCUMENT# 714791	
1. Corporation Name	
CATHOLIC CHARITIES OF ORLANDO, INC.	

2. Principal Office Address 1771 N. Semoran Blvd. 3. Mailing Office Address 1771 N. Semoran Blvd.				REINSTATEMENT		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		·		
				4. Date Incorporated or Qualified To Do Business in Florida 1962		
City & State Orlando, FL		City & State Orlando, FL				
				5. FEI Number	Applied For	
				59-1214353	Not Applicable	
^{Zip} 32807	Country	32807	USA	6. CERTIFICATE OF STATUS DESIRED ☑	\$8.75 Additional Fee require for a Certificate of Status	

7. Name and Address of Current Registered Agent				
Name RICHARDVILLE, S. GERALD				
Street Address (P.O. Box Number is Not Acceptable) 1771 N. Semoran Blvd.				
Suite, Apt. #, Etc.				
City Orlando	State FL	Zip Code 32807		

8. I, being appointed the registerest agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Registered	Agent	ED AGENT MUST SIGN	Date			
9. Names	s and Street Addresses of Each Officer and/or Direct	or (Florida nonprofit corporations must list at least 3 director	us)			
Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip			
STD	MAYER, OSM , ROSEMARY	4680 LAKE UNDERHILL RD.	ORLANDO, FL 32807			
VPD	HUGHES, ROBERT	3413 CIMARRON DRIVE	ORLANDO, FL 32829			
PD	DOHERTY, PATRICIA	236 S. LUCERNE CIRCLE	ORLANDO, FL 32801			
D	CASEY, MARY	2817 LAKE PINELOCH BLVD.	ORLANDO, FL 32806			
ם	SANKS, TERRY	655 OAK HOLLOW WAY	ALTAMONTE SPRINGS, FL 32714			
D	NOWVISKIE, RONALD E	1320 OAKFOREST DRIVE	ORMOND BEACH, FL 32714-4024			

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 filling 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:

Signature of

P. DOHERT

9/29/2003

407-658-1818

Date

Daytime Phone #

CR2E081 (10/02



EXECUTIVE DIRECTOR

Catholic Charities of Orlando, Inc.

1771 NORTH SEMORAN BOULEVARD ORLANDO, FLORIDA 32807-3598 PHONE (407) 658-1818 FAX (407) 282-2891 e-mail: cathchar@ccorlando.org BRANCH OFFICES

COCOA • DAYTONA • LAKELAND

LEESBURG • WINTER HAVEN

September 29, 2003

Florida Department of State Secretary of State Division of Corporations P O Box 6327 Tallahassee, FL 32314

> RE: Document #714791 Non-Profit Corporation

Dear Secretary:

We are writing to seek a waiver of the penalty fee of \$175.00 for a late filing. To our knowledge, the forms for 2003 were not received in our office. The fact that we had not filed came to our attention on Friday afternoon, September 26, 2003 when one of our departments went to get a contract with the State signed for renewal for October 1, 2003. We have been a Florida registered corporation since June 19, 1968 and have never failed to file on time in the past. We do not know why we did not receive the forms this year, unless it is due to a change of Registered Fiscal agent in April of 2002.

We are using Capital Connections to file our Corporation Reinstatement in the hope that it may be posted on-line to expidite the process so that we may get our contract signed with the State of Florida.

Thank you for your consideration in this matter.

Sincerely,

Jean H. Comazzi Business Manager

pc: S. G. Richardville P. Doherty