

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
 B. MORGAN
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

99 JUN -2 1110:41

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # 715129

1. Corporation Name

ST. PETERS AFRICAN ORTHODOX CATHEDRAL, INC.

Principal Place of Business

Mailing Address

4841 NW 2ND AVE
 MIAMI FL 33127

P O BOX 015658
 MIAMI FL 33101



REINSTATEMENT

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

08/19/1968

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-1715064

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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
VD	SANDS, GEORGE K.	1001 NW 54TH ST	MIAMI FL
SD	LOCKHART, GENEVIEVE S.	1291 NW 52ND ST.	MIAMI FL
PD	SANDS, GEORGE W.	1715 NE 137 TR.	MIAMI FL
			600002903686--4 -06/14/99--01016--009 ***306.25 ***306.25

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

GEORGE W. SANDS (REV)
 1715 NE 137 TR
 MIAMI FL 33181

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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

George W. Sands

REGISTERED AGENT MUST SIGN

Date

2/27/99

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes No

(See other side for information on intangible tax.)

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 taxes 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)(l), 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:

George W. Sands (Rector)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/27/99

Date

305/892-1715

Daytime Phone #

CR2EAC (9/98)