
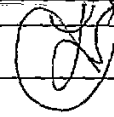


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		FILED 98 DEC 18 PM 3:06 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # <u>720477</u>					
1. Corporation Name <u>ST ATHANASIOS GREEK ORTHODOX Church Inc</u>					
Principal Place of Business <u>6566 SW 33rd St.</u> <u>Miami, FL</u>			Mailing Address <u>1710 S.W. 27 Ave</u> <u>7 Geo S. Giourgas</u> <u>Miami FL</u> <u>33145</u>		
If above addresses are incorrect in any way, line through incorrect information and enter correction below.					
2. New Principal Office Address, If Applicable <u>NONE</u>		3. New Mailing Office Address, If Applicable <u>1710 S.W. 27 Ave</u> <u>7 Geo S. Giourgas</u> <u>Miami FL</u> <u>33145</u>		4. Date Incorporated or Qualified To Do Business in Florida <u>9/1/81</u> <u>Name Change</u>	
Suite, Apt. #, etc. <u>NONE</u>		Suite, Apt. #, etc. <u>7 Geo S. Giourgas</u>		5. FEI Number <u>59-2582856</u>	
City & State <u>Miami FL</u>		City & State <u>Miami FL</u>		Applied For <input type="checkbox"/> Not Applicable	
Zip <u>33145</u>		Country <u>FL</u>		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip	
<u>PD</u>	<u>PRES</u>	<u>Pierre Koussafes</u>	<u>6200 SW 84 St</u> <u>Miami FL 33143</u>	<u>Miami, FL</u>	
<u>PD</u>	<u>PRES</u>	<u>Gus Kontzamanis</u>	<u>231 SW 28 Rd.</u> <u>Miami FL</u>	<u>Miami FL</u>	
<u>Sec</u>		<u>Geo Heropoulos</u>	<u>1230 SW 96 St</u> <u>Miami, FL 33168</u>	<u>Miami, FL 33168</u>	
900002723869-1 -12/28/98--01130--009 *****297.50 *****297.50					
8. Name and Address of Current Registered Agent <u>George S. Giourgas</u> <u>1710 SW 27 Ave</u> <u>Miami, FL 33145</u>			9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State <u>FL</u> 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 <u>George S. Giourgas</u> Date <u>11/5/98</u> REGISTERED AGENT MUST SIGN					
11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> (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 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)(f), 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: <u>Gus Kontzamanis</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date <u>11/15/98</u> Daytime Phone # <u>305-8540265</u>		

CH2ED40 (1/98)