

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2010 AUG 19 A 10:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 722094

1. Corporation Name
ST. JOHN THE THEOLOGIAN
GREEK ORTHODOX CHURCH, INC

2. Principal Office Address - No P.O. Box #
136 W. BALDWIN RD
Suite, Apt. #, etc.

3. Mailing Office Address
136 W. BALDWIN RD
Suite, Apt. #, etc.

City & State
PANAMA CITY, FL PANAMA CITY, FL

Zip Country
32405 BAY 32405 BAY

4. Date Incorporated or Qualified
To Do Business in Florida 1971

5. FEI Number
592588034

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required
for a Certificate of Status

CR2E081 (6/10)

7. Name and Address of Current Registered Agent

Name
CALLIOPE BRYANT

Street Address (P.O. Box Number is Not Acceptable)
457 SUDOUTH AVE

Suite, Apt. #, Etc.

City
PANAMA CITY

State
FL

Zip Code
32405

600184505636
08/19/10--01002--010 **297.50

REINSTATEMENT
09-10

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

Signature of
Registered Agent Calliope Bryant
REGISTERED AGENT MUST SIGN

Date 8-16-10

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PRES	CALLIOPE BRYANT	457 SUDOUTH AVE	PANAMA CITY, FL 32405
V	MICHAEL PSIKOGIOS	PO BOX 1292	DESTIN, FL 32540
T	HELEN PATRONIS	3144 KINGS DRIVE	PANAMA CITY, FL 32405
S	ANDREW POULIS	3226 TRINITY STREET	LYNN HAVEN, FL 32444
D	IRENE STRONG	1216 W. 25TH PLACE	PANAMA CITY, FL 32405
D	FRANK HALL	1503 THURSO ROAD	LYNN HAVEN, FL 32444

10. E-mail Address: FRGEORGE@KNOLDSY.NET

(To be used for future annual report notification)

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. I further certify, 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: Calliope Bryant
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 8-16-10 8507635557
Date Daytime Phone #