PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
18 NOV -9 AM 11:46
TALLAHASSEE, FLORIDA

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11/08/18--01002--002 297.50

CR2E081 (11/10)

DOCUMENT # 731940

1. Corporation Name
SAINT PATRICK'S ANGLICAN CATHOLIC CHURCH, INC.

2. Principal Office Address - No P.O. Box	3. Mailing Office Address
4797 CURTIS Blvd	SAME
Suite, Apt. #, etc	Suite, Apt. #, etc.
City & State: COCOA FL	City & State: COCOA FL
Zip: 32927 Country: BREVARD	Zip: 32927 Country: BREVARD

4. Date Incorporated or Qualified To Do Business in Florida: 02/20/1975

5. FEI Number: 47-315-1233 ☐ Applied For ☐ Not Applicable

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

7. Name and Address of Current Registered Agent

Name: ARDITH J. LANGAN

Street Address (P.O. Box Number is Not Acceptable): 977 ELKCAM Blvd

Suite, Apt. # Etc:

City: COCOA State: FL Zip Code: 32927

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: Ardith J. Langan Date: 10/1/2018
REGISTERED AGENT MUST SIGN

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
PRESIDENT	JOHN VAUGHAN	44 PINEWOOD PL.	MIMS, FL 32754
V.P	REGINA OTERO	6800 ANECIA AV	COCOA, FL 32927
DIRECTOR	JOHN WAGNER	4865 DOREEN DR	COCOA, FL 32927
DIRECTOR	DIANE SALAZAR	7199 JUPER RD.	COCOA, FL 32927
DIRECTOR	ALLEN MUSTAFA	660 GOLFVIEW AVE	COCOA, FL 32927
DIRECTOR	MARY WILLIAMS	4530 CAMBERLY ST.	COCOA, FL 32927

10. E-mail Address: ardith.langan@AOL.com
(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., and 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: Ardith J. Langan ARDITH J. LANGAN 10/1/2018
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

JOHN VAUGHAN 10/1/2018

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