

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

99 DEC -1 PM 2:07

DOCUMENT # 732350

1. Corporation Name  
ST. CATHERINE'S EPISCOPAL CHURCH, INC.

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address  
502 DRUID HILLS RD. 502 DRUID HILLS RD.  
TEMPLE TERRACE FL 33617-0853 TEMPLE TERRACE FL 33617-0853



REINSTATEMENT 1999

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	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04/03/1975	
City & State		City & State		5. FEI Number	
Zip		Country		59-6509496	
				Applied For	
				Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>				93.75 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	4 City / State / Zip
<del>DT</del>	<del>JOHNSON, PAUL</del>	<del>88 COLUMBIA DR. PM 921</del>	<del>TAMPA FL 33606</del>
DT	Rhea, Douglas	13928 Pathfinder Dr.	Tampa, FL 33625
<del>D</del>	<del>WHITEMORE, DON</del>	<del>8808 HEATERTON CT.</del>	<del>TAMPA FL 33617</del>
D	MANON Alewynse	8205 W. Riverchase Dr.	Temple Terrace, FL 33637
<del>D</del>	<del>NORRIS, DAVE</del>	<del>11303 LINBANKS PL.</del>	<del>TAMPA FL 33617</del>
D	Norris, Dave	11303 Linbanks Pl.	Temple Terrace, FL 33617
			900003071799--6
			-12/15/93--01100--008
			***245.00 ***245.00

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
NERTNEY, JOHN 6719 WHITEWAY DRIVE TEMPLE TERRACE FL 33617		Name Douglas Rhea Street Address (P.O. Box Number is Not Acceptable) 13928 Pathfinder Drive Suite, Apt. #, Etc. City Tampa State FL Zip Code 33625	

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 Rhea REGISTERED AGENT MUST SIGN Date 11-28-99

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 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: Manon A. Alewynse REQUIRED 28 November 1999 813-234-3011  
Date Daytime Phone #

CR22640 (8/99)