

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 FEB 14 PM 12:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **765217**

1. Corporation Name

PAX Christi FLORIDA, Inc.

100066253531
02/21/06--01015--011 **210.00

2. Principal Office Address

505 PALM AVENUE

3. Mailing Office Address

505 PALM AVENUE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ELLENTON, FL

City & State

ELLENTON, FL

Zip

34222

Country

U.S.A.

Zip

34222

Country

USA.

REINSTATEMENT

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

09-28-1982

5. FEI Number

59-2259456

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

DR. LEE J. BREYER

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

505 PALM AVENUE

Suite, Apt. #, Etc.

City

ELLENTON

State

FL

Zip Code

34222

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

Lee J. Breyer

REGISTERED AGENT MUST SIGN

February 7, 2006

Date

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
P/D	DR. CAROL ANN BREYER	505 PALM AVENUE	ELLENTON, FL 34222
V/D	DR. KATHY CHUDOKA	616 LOTHIAN DRIVE	TALLAHASSEE, FL 32312
T/D	DR. LEE BREYER	505 PALM AVENUE	ELLENTON, FL 34222
PP/D	MS. MAUREEN DORNEY-O'CONNELL	4855A EQUESTRIAN RD	BOYNTON BEACH, FL 33436

10. 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 contained in Chapter 119, 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:

Lee J. Breyer

LEE J. BREYER TREASURER/DIRECTOR

02-07-2006

941-721-3486

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

B. Mitchell FEB 16 2006