

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 MAR 31 AM 9:45

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 820963

1. Corporation Name

The Diocese of Newton for the Melkites in the United States of America

REINSTATEMENT

07-10
200193971402
03/31/10--01042--014 **428.75

CR2E081 (11/09)

2. Principal Office Address - No P.O. Box #

3 VFW Parkway

Suite, Apt. #, etc.

City & State

Roslindale, MA

Zip

02131

Country

USA

3. Mailing Office Address

3 VFW Parkway

Suite, Apt. #, etc.

City & State

Roslindale, MA

Zip

02131

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

12/07/1967

5. FEI Number

042636319

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

Gabriel R.R. Ghanoum

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

5715 Lake Ida Road

Suite, Apt. #, Etc.

City

Delray Beach

State

FL

Zip Code

33484

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

G. Ghanoum

REGISTERED AGENT MUST SIGN

Date 03/29/2010

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
VD	Joseph Haggar	111 Cross Street	Central Falls, RI 02863
PD	Cyril S Bustros	3 VFW Parkway	Roslindale, MA 02131
SD	Gabriel R.R. Ghanoum	5715 Lake Ida Road	Delray Beach, FL 33484
CFO	Robert J. Shalhoub	802 Rifle Camp Rd	Little Falls, NJ 07424
			M. MILLIGAN EXAMINER

APR 2 2010

10. E-mail Address: bob@shalhoubcpa.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., 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:

Robert J. Shalhoub

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/24/10

Date

Daytime Phone #