

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6384

From:

Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.
Account Number : 075350000353
Phone : (212) 431-5000
Fax Number : (212) 431-1441

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

CORPORATION REINSTATEMENT
MARY QUEEN OF THE THIRD MILLENNIUM, INC.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$236.25

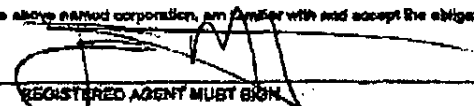
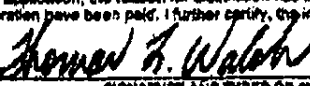
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BLUMBERGEXCELSIOR
Feb 16 2010 2:07PM

Fax: 888-692-9256
MQTM / HG / HGF

Feb 17 2010 12:51
281-587-8180

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # F06000004330			
1. Corporation Name MARY QUEEN OF THE THIRD MILLENNIUM, INC.			
2. Principal Office Address - No P.O. Box # 12126 ATTLEE DR. Suite, Apt. #, etc.		3. Mailing Office Address 12126 ATTLEE DR. Suite, Apt. #, etc.	
City & State HOUSTON, TX		City & State HOUSTON, TX	
Zip 77077	Country USA	Zip 77077	Country USA
4. Date Incorporated or Qualified To Do Business in Florida 6/22/2008			
5. FEI Number 20-4102314		Applied For ☐ Not Applicable	
6. CERTIFICATE OF STATUS DESIRED ☐			
7. Name and Address of Current Registered Agent Name BLUMBERGEXCELSIOR CORPORATE SERVICES, INC. Street Address (P.O. Box Number is Not Acceptable) 515 EAST PARK AVE. Suite, Apt. #, Etc. City TALLAHASSEE State FL Zip Code 32301		☒ 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 007.0605 or 017.0603, F.S. Signature of Registered Agent  Date 2-16-2010 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
PRES & DIR	FATHER TIMOTHY RING	12126 ATTLEE DR.	HOUSTON, TX 77077
VP & DIR	VINCENT BASSI	12126 ATTLEE DR.	HOUSTON, TX 77077
STD SECRET, TREAS & DIR	THOMAS F. WALSH	12126 ATTLEE DR.	HOUSTON, TX 77077
X 2/17			
10. E-mail Address: TF WALSH @ SBGGLOBAL . NET (To be used for future email correspondence)			
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 taxes satisfy 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:  THOMAS F. WALSH, SECY. 2-16-10 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

Called RA on 2/17 to confirm titles for Thomas
Didn't make any changes only printed