Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H10000035976 3)))

H10000035976 3ABC+

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. *Doing so will generate another cover sheet.*

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

Electronic Filing Menu Corporate Filing Menu Help

Page 182

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
10 FEB 17 PM 2:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F06000004330

1. Corporation Name

MARY QUEEN OF THE THIRD MILLENNIUM, INC.

REINSTATEMENT 2010

OR2E081 (11/09)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
12126 ATTLEE DR.	12126 ATTLEE DR.
Suite, Apt. #, etc.	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: 6/22/2006

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 607.0505 or 617.0503, 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 SECY, TREAS & DIR	THOMAS F. WALSH	12126 ATTLEE DR.	HOUSTON, TX 77077

2/17

10. E-mail Address: TFWALSH@SBCGLOBAL.NET
(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: Thomas F. Walsh THOMAS F. WALSH, SECY. 2-16-10
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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