PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F99000000950

1. Corporation Name
Oblate Shrines and Renewal Centers, Inc.

2. Principal Office Address	3. Mailing Office Address
391 Michigan Ave., N.E.	391 Michigan Ave., N.E.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Washington, D.C.	City & State: Washington, D.C.
Zip: 20017 Country: USA	Zip: 20017 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 02/18/1999

5. FEI Number: 52-2133730 ☐ 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: Corporation Service Company

Street Address (P.O. Box Number is Not Acceptable): 1201 Hays Street

Suite, Apt. #, Etc.:

City: Tallahassee State: FL Zip Code: 32301-2525

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: Deborah D Skipper Deborah D. Skipper Date: 3/14/05
REGISTERED AGENT MUST SIGN Asst. V. Pres.

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	Louis Lougen	391 Michigan Ave., N.E.	Washington, D.C. 20017
VP/D	J. William Morell	391 Michigan Ave., N.E.	Washington, D.C. 20017
S/T/D	Joseph Hitpas	391 Michigan Ave., N.E.	Washington, D.C. 20017
S/T	William O'Donnell	391 Michigan Ave., N.E.	Washington, D.C. 20017
	Additional Directors On Attached		

10. I certify that I am an officer or director of 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 person 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: Joseph Hitpas March 4, 2005 202-529-4505
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E051 (01/03)

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Additional Directors:

William Johnson
700 North 66th St.
Belleville, IL 62223

Thomas Ovalle
327 Oblate Dr.
San Antonio, TX 78216

Allen Maes
442 S. DeMazenod Dr.
Belleville, IL 62223

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Florida Department of State

Division of Corporations
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To:
Division of Corporations
Fax Number : (850)205-0384

From:
Account Name : CORPORATION SERVICE COMPANY
Account Number : I20000000195
Phone : (850)521-1000
Fax Number : (850)558-1575

CORPORATION REINSTATEMENT

OBLATE SHRINES AND RENEWAL CENTERS, INC.

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