

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 OCT 31 PM 12:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F99000000950**

1. Corporation Name

OBLATE SHRINES AND RENEWAL CENTERS, INC.

Principal Place of Business

Mailing Address

391 MICHIGAN AVENUE, N.E.
WASHINGTON DC 20017

~~391 MICHIGAN AVENUE, N.E.~~
~~WASHINGTON DC 20017~~

If above addresses are incorrect in any way, line through incorrect information and enter correction below.



REINSTATEMENT 03

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

02/18/1999

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

52-2133730

Applied For

City & State

City & State

Not Applicable

Zip

Country

Zip

Country

20036

USA

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	KALERT, DAVID	391 MICHIGAN AVENUE, N.E.	WASHINGTON DC 20017
V	BANKS, CHARLES D	391 MICHIGAN AVENUE, N.E.	WASHINGTON DC 20017
STD	HITPAS, JOSEPH	104 N MISSISSIPPI RIVER BLVD.	SAINT PAUL MN 55104
STD	MOOSBRUGGER, ROBERT	391 MICHIGAN AVENUE, N.E.	WASHINGTON DC 20017
			100024334551

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of Registered Agent

Robert Moosbrugger
REGISTERED AGENT MUST SIGN

Date

10/30/03

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 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: *Robert Moosbrugger*

Robert Moosbrugger

Rev. Robert Moosbrugger, OMI

10/28/03

202-529-4505

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2EQ40 (7/03)



CORPORATION SERVICE COMPANY™

ACCOUNT NO. : 072100000032

REFERENCE : 302745 4800031

AUTHORIZATION : *Patricia Higgins*

COST LIMIT : \$ 245.00

ORDER DATE : October 30, 2003

ORDER TIME : 11:02 AM

ORDER NO. : 302745-025

CUSTOMER NO: 4800031

CUSTOMER: Carol Chadsey, Legal Asst
Akin, Gump, Strauss, Hauer &
1333 New Hampshire Avenue Nw

Washington, DC 20036

REINSTATEMENT

NAME: OBLATE SHRINES AND RENEWAL
CENTERS, INC.

RECEIVED
03 OCT 31 AM 11:37
DIVISION OF CORPORATION

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- CERTIFIED COPY
- XX PLAIN STAMPED COPY
- XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Darlene Ward

EXAMINER'S INITIALS _____