

MAR. 11. 2005 2:53PM

CORPORATION SERVICE COMPANY

NO. 8631 P. 2

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

05 MAR 14 AM 9:19
H05000063544 3
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**


FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F99000000951

1. Corporation Name

U.S. Province of the Missionary Oblates of the Mary Immaculate, Inc.

2. Principal Office Address

391 Michigan Ave., N.E.

3. Mailing Office Address

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

02/18/1998

5. FEI Number

52-2133725

Applied For

☒ Not Applicable6. CERTIFICATE OF STATUS DESIRED ☒\$9.75 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

REINSTATEMENT 04-05
TALLAHASSEE, FL 32301-2825

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0605 or 617.0603, F.S.

Signature of
Registered Agent

Deborah D. Skipper
Asst. V. Pres.

Date 3/14/05

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
P/D	Louis Lougen	391 Michigan Ave., N.E.	Washington, D.C. 20017
VP	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 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)(f), F.S. The information indicated on the application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

March 4, 2005

202-529-4505

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

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CRED0140103

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FAX: 850 558 1515

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Additional Directors:

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

Thomas Ovalle
327 Oblate Drive
San Antonio, TX 78216

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

Richard Sudlik
60 Wyman St.
Lowell, MA 09852

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Florida Department of State
Division of Corporations
Public Access System

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Division of Corporations
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From:

Account Name : CORPORATION SERVICE COMPANY
Account Number : I20000000195
Phone : (850)521-1000
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CORPORATION REINSTATEMENT

U.S. PROVINCE OF THE MISSIONARY OBLATES OF MARY IMMA

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