

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # F99000000951

1. Corporation Name

U.S. PROVINCE OF THE MISSIONARY OBLATES OF MARY
IMMACULATE, 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.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

20036

USA

FILED
03 OCT 31 PM 12:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT

03

4. Date Incorporated or Qualified
To Do Business in Florida

02/18/1999

5. FEI Number

52-2133725

Applied For

Not Applicable

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
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

8. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

300024334533

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

Rev. Robert Moosbrugger, OMI

10/28/03

202-529-4505

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (7/03)



CORPORATION SERVICE COMPANY™

ACCOUNT NO. : 072100000032

REFERENCE : 302745 4800031

AUTHORIZATION : *Patricia Pignatelli*

COST LIMIT : \$ 245.00

ORDER DATE : October 30, 2003

ORDER TIME : 10:53 AM

ORDER NO. : 302745-005

CUSTOMER NO: 4800031

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

Washington, DC 20036

REINSTATEMENT

NAME: U.S. PROVINCE OF THE
MISSIONARY OBLATES OF MARY
IMMACULATE, INC.

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 _____

RECEIVED
03 OCT 31 AM 11:37
DIVISION OF CORPORATION