PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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CORPORATION REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Secretary of State Division of corporations	FILED 06 AUG 28 AM 8: 34
DOCUMENT # N 00000. 1. Corporation Name	000 381	SECRELANT OF STATE TALLAHASSEE, FLORIDA
Sv. JOVANKASTITEL MAC	HONIAN ORTHODOX CHURCH	- REMISTATE WENT 03-06
7 C - O	3. Mailing Office Address	. W. MITON CO GC COORDED TO
3509 BLAYTON ST.	SAME	CR2E081 (12/05)
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. Date Incorporated or Qualified
City & State /	City & State	To Do Business in Florida \-\2\2000
New PORT LICHEY	FLORION	5. FEI Number Applied For
Zip Country	Zip Country	6. CENTRICATE OF STATUS DECIDED 1. \$8.75 Additional Fee required
34652 PASCO		CERTIFICATE OF STATUS DESIRED M for a Certificate of Status
7. Name and Address of Current Registered Agent		
Name TYRONE	ZDRAVKO ESQ	100079508911
Street Address (P.O. Box Number is Not Acceptable)		
3411 PALM HARBOR BLUD. SVITE A		
Sulte, Apt. #, Etc.		
City Palm Hook	m	State Zip Code FL 34683
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 AVG, 5 200 G		
#EGISTERED AGENT MUST SIGN 9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)		
V -		
Titles Name of Officers and/or Directors	Street Address of Ea Officer and/or Direct	
P ZORAN ZIROV	ISKi 1644 GRAY BAN	L Prive OSOSMAR, FL. 34677
VP PETER GOLEUSKI 2740 GHITEBRIDGE PR. PALL MARBOR FI.34684		
5 ANGELHO POJCINOVSKI 3343 BIGGLOW DR. HOLINAY, FL. 34691		
T GEORGE FILIPOUS	SHE 1600 GULFBEN	ACH BLUD TARPON SPRINGS FE. 346 89
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 filling 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 contained in Chapter 119, 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: All GELIED OF RUND USER.		
SIGNATURE: 1066110 DOJ GINOVSKY (1) 4/11/06 787-149-4087		

AFFIDAVIT

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STATE OF FLORIDA COUNTY OF PINELLAS

TO WHOM IT MAY CONCERN:

- 1. My name is <u>TYRONE ZDRAVKO</u>. I am over the age of 18 years old.
- 2. I am an attorney practicing law in the State of Florida.
- 3. I have been retained by St. Jovan Krstitel Macedonian Orthodox Church, Inc. to dissolve the corporation formed on March 27, 2006 and reinstate the corporation which was administratively dissolved on September 19, 2003.
- 4. The Church corporation with a document number ending ...3340 has been voluntarily dissolved. This corporation will never seek to be reinstated.
- 5. Along with this Affidavit an Application for Reinstatement has been submitted for corporation document number ending ...381.
- 6. The Department of State Division of Corporations is authorized to release the name from corporation document number ending ...3340 to corporation document number ending ...381 so it may be reinstated.

FURTHER AFFIANT SAYETH NOT.

TYRONE ZDRAXIKO, ESQUIRE

SWORN TO AND SUBSCRIBED before me, the undersigned authority, on this 25 day of August, 2006, by TYRONE ZDRAVKO, ESQUIRE, who is personally known by me.

Beth A. Wolf
Commission # DD255788
Expires November 13, 2007
Bonded Tray Fein - Insurance, Inc. 800-385-7018

Notary Public