PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

192

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
06 AUG 28 AM 8:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N00000000381

1. Corporation Name

St. Jovan Kristitel Macedonian Orthodox Church, Inc. REINSTATEMENT 03-06

CR2E081 (12/05)

2. Principal Office Address	**3.** Mailing Office Address
3509 Blayton St.	Same
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: New Port Richey	City & State: Florida
Zip: 34652 Country: Pasco	Zip: Country:

4. Date Incorporated or Qualified To Do Business in Florida: 1-12-2000

5. FEI Number: 593624519 ☐ 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: Tyrone Zdravko, Esq.

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09/06/06 01020 007 **42[illegible].75

Street Address (P.O. Box Number is Not Acceptable): 3411 Palm Harbor Blvd., Suite A

Suite, Apt. #, Etc.:

City: Palm Harbor State: FL Zip Code: 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 Aug. 5, 2006

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	Zoran Kirovski	1644 Gray Bark Drive	Oldsmar, FL. 34677
VP	Peter Golevski	2740 Whitebridge Dr.	Palm Harbor, FL. 34684
S	Angelko Dojcinovski	3343 Bigelow Dr.	Holiday, FL. 34691
T	George Filipovski	1600 Gulf Beach Blvd	Tarpon Springs, FL. 34689

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 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: Angelko Dojcinovski 7/11/06 727-944-4087

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

2 of 2

AFFIDAVIT

STATE OF FLORIDA)
COUNTY OF PINELLAS)

TO WHOM IT MAY CONCERN:

1. My name is TYRONE ZDRAVKO. 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 ZDRAVKO, 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.

Notary Public

Beth A. Wolf
Commission # DD255788
Expires November 13, 2007
Bonded Troy Fain - Insurance, Inc 800-385-7019