


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N00000001989

1. Corporation Name
ST. MARY'S SYRIAN KNANAYA CHURCH INC.

Principal Place of Business	Mailing Address
1925 E 115TH AVE TAMPA FL 33612	1925 E 115TH AVE TAMPA FL 33612


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

2. New Principal Office Address, If Applicable SAME AS ABOVE	3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT *J001*

4. Date Incorporated or Qualified To Do Business in Florida	03/27/2000
5. FEI Number	Applied For <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/>
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	\$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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
President	FR. T. M. MATHEW THYKUTTA-THIL	1925 E 115TH AVE TAMPA, FL-33612	TAMPA, FL-33612
SECRETARY	ZACHARIAH ANDREW	227 N. DUNCAN AVE	CLEARWATER FL-33755
SECRETARY	THOMAS P. THOMAS	4724 Eldorado Dr	Tampa, FL-33615
TRUSTEE	Dr. Tomson chacko	7715 ACORNWOOD Cir #303	winterpark, FL-32792
TRUSTEE	ABRAHAM MARKOSE	4418 CLAIRSON Ct	ODDESSA, FL-33556

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
THYKUTTATHIL, T.M. MATHEW FATHER 1925 E 115TH AVE TAMPA FL-33612	Name: 400004719934--0 -12/12/01--01012--026 Street Address (P.O. Box Number is Not Applicable): 236.25 ****236.25 Suite, Apt. #, Etc.: City: State: FL Zip Code:

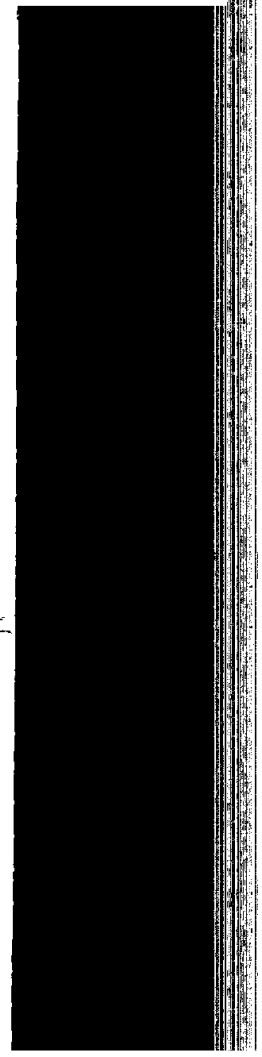
10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent: *F. Mathew* REGISTERED AGENT MUST SIGN Date: 10/16/01

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: *F. Mathew* FR. T. M. MATHEW THYKUTTATHIL 10/16/01 (813) 632 2019

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



CREC040 (8/01)