

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 FEB -8 PM 4:00

DOCUMENT # N00000000 4633

1. Corporation Name **THE COMMITTEE FOR THE SUPPORT OF
THE CENTER FOR CATHOLIC & JEWISH STUDIES, INC**
(A CORPORATION NOT FOR PROFIT)

700004926977-5
-02/14/02--01068--026
****122.50 ****122.50

2. Principal Office Address **THE COMMITTEE
FOR THE SUPPORT OF THE
CENTER FOR CATHOLIC & JEWISH
STUDIES**

Suite, Apt. #, etc. **SAINT LEO UNIVERSITY**

City & State
SAINT LEO, FL

Zip Country
33574 PASCO

3. Mailing Office Address
REV. MICHAEL COOPER

Suite, Apt. #, etc. **SAINT LEO UNIVERSITY**

City & State **P.O. BOX 6665
SAINT LEO FL**

Zip Country
33574-6665 PASCO

REINSTATEMENT

01-02

4. Date Incorporated or Qualified
To Do Business in Florida **JUNE 5, 2000**

5. FEI Number
31-179-8703

☒ 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 **DAVID J. MURPHY**

Street Address (P.O. Box Number is Not Acceptable)
14217 THIRD STREET

Suite, Apt. #, Etc.

City **DADE CITY**

State Zip Code
FL 33525

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 **David J. Murphy**
REGISTERED AGENT MUST SIGN

Date **1/17/02**

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
CHAIRMAN	THOMAS DRAUDE D	17953 CACHET ISLE	TAMPA, FL 33647
TREASURER	THOMAS BUCKRIDGE D	17955 HOLLY BROOK DR.	TAMPA, FL 33647
SECRETARY	MIRIAM GREENBERG D	988 BOULEVARD OF THE ARTS #1011	SARASOTA, FL 34236

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)(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: **Thomas W. Buckridge** **THOMAS W. BUCKRIDGE** **JAN 16, 2002** **813-604-7606**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #