

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 APR -5 PM 4:52

1. Corporation Name

North Congregation, Venice, Florida, Inc.

DEPARTMENT OF STATE
ALLAHABAD, FLORIDA

REINSTATEMENT

800174532288
04/05/10--01066--011 **192.50
CR2E081 (11/09)

801 Ridgewood Ave

Suite, Apt #, etc.

554 Everest Rd

Suite, Apt. #, etc.

Venice FL

Venice FL 34293-5501

34292

34293-5501

7. **Name and Address of Current Registered Agent**

David L. Lowrie

554 Everest Rd

Suite, Apt. #, Etc.

Venice

FL

34293-5501

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 **4/1/2010**

REGISTERED AGENT MUST SIGN

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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
DP	C. Paul Precht	1705 Spoonbill Dr	Nokomis FL 34275
DVP	Larry Krane	2128 Date Palm Way	Venice FL 34292
DS	David L. Lowrie	554 Everest Rd	Venice FL 34293-5501
			M. MILLIGAN
			EXAMINER
			APR - 7 2010

10. **E-mail Address:** davelowrie3@comcast.net

(To be used for future annual report notification)

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. I further certify, 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:

have been paid. I further certify,

Paul J. Tourle

David L. Lowrie

4/1/2010

941-497-7712

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____

Daytime Phone # _____