

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

10 JAN 19 PM 4:16

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **NO1 000 006993**

1. Corporation Name

**ST MAURICE CATHOLIC CHURCH**

2. Principal Office Address - No P.O. Box #

**2851 STIRLING RD**

3. Mailing Office Address

**2851 STIRLING RD**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**FT LAUDERDALE FL**

City & State

**FT LAUDERDALE FL**

Zip

**33312**

Country

**USA**

Zip

**33312**

Country

**USA**

**000166588090**  
01/19/10--01033--022 \*\*306.25  
CR2E081 (1/1/09)

**REINSTATEMENT**

**06-10**

4. Date incorporated or qualified to do business in Florida **1970**

5. FEI Number

**59 1323079**

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

**REV ROGER E HOLUBEK**

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

**2851 STIRLING RD**

Suite, Apt. #, Etc.

City

**FT LAUDERDALE**

State

**FL**

Zip Code

**33312**

☒ 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.

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

**REV ROGER E HOLUBEK**

Date

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
PD	REV ROGER E HOLUBEK	2851 STIRLING RD	FT LAUDERDALE FL 33312
T	REV ROGER E HOLUBEK	2851 STIRLING RD	FT LAUDERDALE FL 33312

10. E-mail Address: **LN438@AOL.COM**

(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:

**REV ROGER E HOLUBEK**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #