

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

01 OCT 11 PM 4:49

**CORPORATION  
REINSTATEMENT**



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

DOCUMENT # **N07053**

1. Corporation Name

**HOLY AMERICAN ORTHODOX CHURCH, INC**

2. Principal Office Address

**1317-19 S. 11<sup>th</sup> ST**

Suite, Apt. #, etc.

**N/A**

City & State

**LINCOLN, NE**

Zip

**68502**

Country

**USA**

3. Mailing Office Address

**P.O. Box 22533**

Suite, Apt. #, etc.

**N/A**

City & State

**LINCOLN, NE**

Zip

**68542-2533**

Country

**USA**

**REINSTATEMENT 95-01**

4. Date Incorporated or Qualified  
To Do Business in Florida

**MAY 1985**

5. FEI Number

**58-2489752**

1 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

**MOST REVEREND MIGUEL LOPEZ**

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

**2859 S. BUMBY AVE**

Suite, Apt. #, Etc.

**200004652122-3**

**-10/25/01--01001--020**

**\*\*\*\*\*603.75 \*\*\*\*\*603.75**

City

**ORLANDO**

State

**FL**

Zip Code

**32806**

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

*Miguel Lopez*  
REGISTERED AGENT MUST SIGN

Date **10/8/01**

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/H/c	MOST REV. KYRIL W. MCGOWAN	1319 S. 11 <sup>th</sup> ST. P.O. Box 22533	LINCOLN, NE 68542-2533
V/D	MOST REV. MIGUEL LOPEZ	2859 S. BUMBY AVE.	ORLANDO, FL 32806
V/D	RT. REV. JOSIMAS S. CARMONA	324 HAZELDINE AVE. S.W	ALBUQUERQUE NM 87102
D	NEIL REEVES	874 S 34 <sup>th</sup> ST	LINCOLN, NE 68510
D	KATHERINE M. MCGOWAN	1317 S. 11 <sup>th</sup> ST	LINCOLN, NE 68502
S	REV. SHAWN T. SMITH	5352 LK UNDER HILL RD	ORLANDO FL 32807

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:

*Kyril W. McGowan*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **10/1/01**

Date

**(402) 476-2778**

Daytime Phone #

CR2E081 (9/00)