

# **2010 NOT-FOR-PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# N09000009461

**FILED**  
**Dec 11, 2010**  
**Secretary of State**

**Entity Name:** MONASTERY OF ST. MICHAEL THE ARCHANGEL, INC.

**Current Principal Place of Business:**

1900 HIDDEN VALLEY  
TALLAHASSEE, FL 32308

**New Principal Place of Business:**

**Current Mailing Address:**

1900 HIDDEN VALLEY  
TALLAHASSEE, FL 32308

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For (X)**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

FASON, PATRICIA A  
1900 HIDDEN VALLEY  
TALLAHASSEE, FL 32308 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: PATRICIA A. FASON

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: FASON, PATRICIA A  
Address: 1900 HIDDEN VALLEY  
City-St-Zip: TALLAHASSEE, FL 32308

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: PATRICIA A. FASON

P

12/11/2010

Electronic Signature of Signing Officer or Director

Date