

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

14 SEP -3 AM 9:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N12000011361

1. Corporation Name

Inside Catholicism Inc.

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

1717 Homewood Blvd.

Suite, Apt. #, etc.

Apt. 213

City & State

Delray Beach

Zip

33445

Country

USA

3. Mailing Office Address

1717 Homewood Blvd.

Suite, Apt. #, etc.

Apt. 213

City & State

Delray Beach

Zip

33445

Country

USA

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

12/05/2012

5. FEI Number

46-1519806

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

Delina Youngs

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

1717 Homewood Blvd.

Suite, Apt. #, Etc.

Apt. 213

City

Delray Beach

State

FL

Zip Code

33445

200263954082
09/03/14--01014--009 **297.50

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

Delina Youngs

REGISTERED AGENT MUST SIGN

Date

8/25/14

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	Leonard Badia	1717 Homewood Blvd., Apt. 213	Delray Beach, FL 33445
SD	Amy Bennett	3817 Arelia Dr.	Delray Beach, FL 33445
TD	Delina Youngs	2765 SW 6th St.	Delray Beach, FL 33445
D	Annette Farenga	246 NW 70th Street	Boca Raton, FL 33487

10. E-mail Address: **frbad@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., and 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.

SIGNATURE:

Leonard Badia

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/25/2014

Date

561-330-4005

Daytime Phone #