

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 JUN -3 AM 10:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N24503**

1. Corporation Name

AMERICAN Orthodox Catholic Church

2. Principal Office Address

3732 RAINES AVE

Suite, Apt. #, etc.

3. Mailing Office Address

3732 RAINES AVE

Suite, Apt. #, etc.

City & State

Pensacola FL

Zip

Country

32514

USA

City & State

Pensacola FL

Zip

Country

32514

USA

4. Date Incorporated or Qualified
To Do Business in Florida

1988

5. FEI Number

FEI 592950694

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$3.75

Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Rt Rev Thomas E. RAINES

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

3732 RAINES ST

Suite, Apt. #, Etc.

800055989018

06/10/05-01003-012-#367.5

City

Pensacola FL

State

FL

Zip Code

32514

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

Rt Rev Thomas E. RAINES

REGISTERED AGENT MUST SIGN

Date **MAY 30, 2005**

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
UP V. Pres Primate	RICHARD A. GRINER	229 WALL ST.	ZAINESVILLE OHIO 43701
D Board Rev	J. W. THOMPSON	3100 LOOK OUT Drive	ZAINESVILLE OHIO 43701
P Pres Rt Rev.	THOMAS E. RAINES	3732 RAINES ST	Pensacola FL 32514
D BOARD	Christopher Cody	2501 LOOKIN ST	Pensacola FL 32514
			02/8/8

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:

Thomas E. RAINES

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

May 30, 05

Date

(850) 292-1791

Daytime Phone #

CR2081 (01/05)