

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 FEB -6 PM 2:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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02/10/06--01076--020 **1093.75

REINSTATEMENT 93-06

CR2E081 (12/05)

DOCUMENT # N40162

1. Corporation Name

The Foundation for the Care of the Migrant
Poor, Inc.

2. Principal Office Address

1000 Pinebrook Road

Suite, Apt. #, etc.

City & State

Venice, FL

Zip

34285

Country

USA

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

Zip

Country

**4. Date Incorporated or Qualified
To Do Business in Florida**

9/25/1990

5. FEI Number

65-0217282

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

Mary Moore

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

1000 Pinebrook Rd

Suite, Apt. #, Etc.

City

Venice

State

FL

Zip Code

34285

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

Mary S. Moore

REGISTERED AGENT MUST SIGN

Date

1/31/06

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	Most Rev. John Nevins, DD	1000 Pinebrook Road	Venice, FL 34285
VP	Br. Paul Hennessy, CFC	1000 Pinebrook Road	Venice, FL 34285
T	Mr. Robert Tritschler	1000 Pinebrook Road	Venice, FL 34285
S	Bridget Olson	1000 Pinebrook Road	Venice, FL 34285

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 contained in Chapter 119, 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:

John J. Nevins

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1.25.06

Daytime Phone #