

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Jim Smith**  
 Secretary of State  
 DIVISION OF CORPORATIONS

FILED

02 DEC 16 AM 11:28

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # **N43722**

1. Corporation Name

**OLD CATHOLIC CHURCH, INC.**

Principal Place of Business

Mailing Address

~~1410 LAKE TARPON AVENUE  
 TARPON SPRINGS FL 34689  
 US~~

1410 LAKE TARPON AVENUE  
 TARPON SPRINGS FL 34689  
 US



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

09-05-02 90042 003 \$70.00

2. New Principal Office Address, If Applicable  
**OLD CATHOLIC CHURCH**

3. New Mailing Office Address, If Applicable  
**OLD CATHOLIC CHURCH**

4. Date Incorporated or Qualified To Do Business in Florida  
**05/31/1991**

Suite, Apt. #, etc.  
**30230 JOHNSTON RD**

Suite, Apt. #, etc.  
**30230 JOHNSTON RD**

5. FEI Number  
**59-3127960**

Applied For  
 Not Applicable

City & State  
**DADE CITY FL**

City & State  
**DADE CITY FL**

6. CERTIFICATE OF STATUS DESIRED  \$8.75 Additional Fee required for a Certificate of Status

Zip **33523** County **DASCO**

Zip Country

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
CDT	RECTOR, ROBERT L.	30230 JOHNSTON RD	DADE CITY FL
<del>DT</del>	<del>VANCE, ROBERT G.</del>	<del>4192 WILMETTE PL</del>	<del>SARASOTA FL</del>
SDT	RECTOR, LADONNA	30230 JOHNSTON RD	DADE CITY FL
D	<del>LANE</del> LANE, RICHARD P.	8850 KNOT APT #231	BUENAPARK, CA 90620

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

RECTOR, ROBERT L.  
 30230 JOHNSTON ROAD  
 DADE CITY FL 33523

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 Suite, Apt. #, Etc.  
 City State Zip Code  
**FL**

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of Registered Agent

**SIGNATURE REQUIRED**  
 REGISTERED AGENT MUST SIGN

1st. 6/28/02  
 RESUB. 9/2/02  
 CANCEL 11/28/02

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., 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**SIGNATURE REQUIRED** Robert Rector

Date

Daytime Phone #

11/28/02

CR2E040 (802)

*Old Catholic Church*

1410 Lake Tarpon Avenue, Tarpon Springs, Florida 34689  
1-352-588-3729/rlrector@atlantic.net

November 28, 2002

Florida Department of State  
Division of Corporations  
Corporate Records  
P.O. Box 6327  
Tallahassee, Florida 32314

To Examiner:  
Reference # N43722

This has been an difficult filing year for us. We received the notice to file our annual report and did so in June of this year (2002). We discovered in September that you had never received our report nor payment. We then filed a complain with the Post Office about missing undelivered mail. We promptly completed a second set of annual reports and again sent you payment of \$70.00. We had had mail held for other reasons for one week and some how your notice of dissolution was held until very recently. We did not hear from you or received our notice of dissolution until Nov. 25<sup>th</sup> 2002., in the mean time you cashed our \$70.00 check.

Please accept our completed forms and waive our late fees. I would appreciate it if you would send all correspondence to me personally at the retreat center address noted below. Thank you in advance.

Sincerely,



Rev. R. L. Rector  
Retreat Center  
30230 Johnston Road  
Dade City, Florida 33523