

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

09 JUN 11 AM 6:53

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # N43722**

1. Corporation Name

Old Catholic Church, Inc.

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

1224 13th Avenue North

Suite, Apt. #, etc.

City & State

Lake Worth, FL

Zip

33460

Country

United States

3. Mailing Office Address

1224 13th Avenue North

Suite, Apt. #, etc.

City & State

Lake Worth, FL

Zip

33460

Country

United States

CR2E081 (12/08)

4. Date Incorporated or Qualified To Do Business in Florida

May 5, 2005

5. FEI Number

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

Bishop Richard Riccardi, OSB

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

1224 13th Avenue North

Suite, Apt. #, Etc.

City

Lake Worth,

State

FL

Zip Code

33460

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

Date June 9, 2009

REGISTERED AGENT MUST SIGN

**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
PD	Bishop Richard Riccardi, OSB	1224 13th Avenue North	Lake Worth, FL 33460
D	Fr. Bernard Sheffield, OSB, Abbot	199 Camino Del Rio	Port St. Lucie, FL 34952
D	Fr. Peter Miller, OSB, Prior	614 Pond St.	Braintree, MA 02184
<p>800157042758 06/11/09--01055--007 **420.00</p> <p><b>REINSTATEMENT RH</b></p>			

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:

+Richard Riccardi, OSB

June 9, 2009

561 767-6822

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #