

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N50307

1. Corporation Name

ORTHODOX CHRISTIAN COMMUNITY OF THE KEYS, INC.

Principal Place of Business

34 SNAPPER AVENUE
KEY LARGO FL 33037

Mailing Address

34 SNAPPER AVENUE
KEY LARGO FL 33037

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business In Florida

08/05/1992

5. FEI Number

65-0380357

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
DP	ZABIT, NANCY	96000 OVERSEAS HWY.	KEY LARGO FL
DV	KONTOPIRAKIS, EMANUEL J	34 SNAPPER AVE	KEY LARGO FL
S	CARR, ANITA	9 MIAMI AVE.	KEY LARGO FL
S	NICHOLS, MELVINDA	P. O. BOX 1955 N/A	KEY LARGO, FL..
T	CALOGRIDIS, JAMES T	96000 OVERSEAS HWY.	KEY LARGO FL
D	TSIPILIS, ANASTASIA	P. O. BOX 1217 N/A	KEY LARGO FL

8. Name and Address of Current Registered Agent

KONTOPIRAKIS, EMANUEL J.
34 SNAPPER AVE.
KEY LARGO FL 33037

9. Name and Address of New Registered Agent

Name

300002332703--1

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

-10/29/97--01086--006

***236.25 ***236.25

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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.

Signature of
Registered Agent

Emanuel J. Kontopirakis

REGISTERED AGENT MUST SIGN

Date

10/24/97

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☐ No ☒

(See other side for information
on Intangible tax.)

12. 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:

JAMES CALOGRIDIS
JAMES CALOGRIDIS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/25/97 (305) 451-6364

CR2040 (8/97)

REINSTATEMENT 97

FILED

97 OCT 27 PM 1:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

