

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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



FILED

98 APR -2 PM 2:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N92000000389

1. Corporation Name
ST. MATTHEW'S EPISCOPAL CHURCH OF DELRAY BEACH,
FLORIDA, INC.

Principal Place of Business Mailing Address
404 S.W. THIRD STREET P.O. BOX 656
DELRAY BEACH FL 33444 DELRAY BEACH FL



REINSTATEMENT 97-98

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		4. Date Incorporated or Qualified To Do Business In Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		11/18/1992	
City & State		City & State		5. FEI Number	
Zip		Country		65-0431750	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	
				\$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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	SHEPHERD, THOMAS E	680 CORAL WAY	DELRAY BEACH FL 33445
D	CLARKE, MORRIS	325 S.W. 11TH AVE.	DELRAY BEACH FL 33444
D	Holness, Marla	5005 NW 50th St.	DELRAY BEACH FL 33073
T	Quinn, Edith	2888 Dolphin Drive	Coconut Creek FL DELRAY BCH FL 33445

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8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
SHEPHERD, THOMAS E REV. 634 NW 39th Ave. DELRAY BEACH FL 33445		Name	
		Street Address (P.O. Box Number Is Not Acceptable)	
		Suite, Apt. #, Etc.	
		City	
		State	
		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: *Thomas E. Shepherd* REGISTERED AGENT MUST SIGN Date: 02/17/98

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: *Thomas E. Shepherd* THOMAS E. SHEPHERD 02/17/98 561 272-4143
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2040 (8/97)