PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM:

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 MAR 27 AM 11:52

DOCUMENT # N93000001131

1. Corporation Name
St Paul the Apostle Episcopal Church
St Paul et les Martyrs d'Haiti, Inc.

Principal Place of Business
6744 North Miami Av.
Miami, Fla 33150

Mailing Address

W00000 2234

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

2. New Principal Office Address, If Applicable: N/A
Suite, Apt. #, etc.
City & State
Zip | Country

3. New Mailing Office Address, If Applicable: N/A
Suite, Apt. #, etc.
City & State
Zip | Country

4. Date Incorporated or Qualified To Do Business in Florida: 1-3-93

5. FEI Number: 650230282 ☐ 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
P.D.	J. Fritz Bazin	6744 N Miami Av	Miami, Fl 33150
T.D.	Herta Bovery	3161 Lucerne way	Miramar, Fl 33025
V.P.D.	Volvick Pierre	14735 NW 10th Court	Miami, Fla 33168
		REINSTATEMENT 97-00	

8. Name and Address of Current Registered Agent
J. Fritz Bazin
6744 N Miami Av
Miami, Fla 33150

9. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City State FL Zip Code

400003202584 -9
-04/11/00--01006--024
****420.00 ****420.00

CR2E011 (12/98)

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 _____ Date _____
REGISTERED AGENT MUST SIGN

11. This corporation owes 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: _____ J. Fritz BAZIN 10-12-99 (305)758-8546
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #