

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 # **N94000001123**

1. Corporation Name

HOLY CROSS SUBSIDIZED RETIREMENT HOUSING CENTER, INC

FILED

97 JUL 22 PM 2: 22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

**1591 Kirk Road
West Palm Beach,
FL 33406**

Mailing Address

**1591 Kirk Road
West Palm Beach
FL 33406**

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.

3. New Mailing Office Address, If Applicable

N/A

Suite, Apt. #, etc.

4. Date Incorporated or Qualified
To Do Business in Florida

03/04/1994

5. FEI Number

65-0734977

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)

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
	DP BREZHEN, Rev. Michael	9311 Yearling	Lake Worth, FL 33467
	DV COUGHLIN, John	4704 Lucerne Lakes Blvd.#101	Lake Worth, FL 33467
	DT HOFFER, Randal	308 Pinehurst Road	Palm Springs, FL 33461
	DS GUINN, Marie	3531 D-1 Pinetree Court	Lake Worth, FL 33463
	D RICHTER, Marty	2915 Apt B, Ashley Dr. West	West Palm Beach, FL 33415
	D ROTHSCHILD, William	10268 Hunt Club Lane	Palm Beach Gardens, FL 33418

8. Name and Address of Current Registered Agent

**BREZHEN, Rev. Michael
9311 Yearling
Lake Worth, FL 33467**

9. Name and Address of New Registered Agent

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.

Signature of
Registered Agent

Rev. Michael Brezhen REGISTERED AGENT MUST SIGN

Date **July 21, 1997**

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Rev. Michael Brezhen

July 21, 1997 561-965-4622

Date

Daytime Phone #

CP2E040 (1/2/96)