

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 MAY 30 AM 10:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

W9400002027

1. Corporation Name

Independent Catholic
W9400002027 Church Inc

2. Principal Office Address

3460 Powerline
Suite, Apt. #, etc.

3. Mailing Office Address

3460 Powerline
Suite, Apt. #, etc.

City & State

Oakland PK

City & State

Oakland PK

Zip

33309

Country

BR

Zip

33309

Country

BR

4. Date Incorporated or Qualified
To Do Business in Florida

2002

5. FEI Number

650242084

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

Father Bob Cardelli

200075972872

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

3460 Powerline

05/08/06--01008--012 **481 15

Suite, Apt. #, Etc.

06

City

Oakland PK

State

FL

Zip Code

33309

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

[Signature]

REGISTERED AGENT MUST SIGN

Date 3/12/06

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
D	Fr. Robert Cardelli	890 NW 34th St	Oakland PK FL 33309
D	Richard Parman	3460 Powerline	Oakland PK FL 33309
D	Fr. Carl Collins	890 NW 34th St	Oakland FL 33309

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 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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/12/06
Date

954.37.3514
Daytime Phone #