

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

DOCUMENT # **N94000005245**

1. Corporation Name

THE EPISCOPAL CHURCH OF THE ATONEMENT, INC.

Principal Place of Business

Mailing Address

4401 WEST OAKLAND PARK BLVD
 LAUDERDALE LAKES FL 33313
 US

4401 W OAKLAND PARK BLVD
 LAUDERDALE LAKES FL 33313
 US

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

10/21/1994

5. FEI Number

59-1461293

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)

1	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	HENRY, EARL F REV	4401 W OAKLAND PARK BLVD	LAUDERDALE LAKES FL
VPD	DAVIS, ARNOLD	4401 W OAKLAND PARK BLVD	LAUDERDALE LAKES FL
SD	THOMPSON, EDITH	4401 W OAKLAND PARK BLVD	LAUDERDALE LAKES FL
TD	STEADMAN, JOHN WALKER FAYE	4401 W OAKLAND PARK BLVD	LAUDERDALE LAKES FL
DP	BARRETT, DANIEL DENNIS, ORA	4401 W OAKLAND PARK BLVD 4401	LAUDERDALE LAKES FL
VTD	ARCHER, LAWRENCE	4401 W OAKLAND PARK BLVD	LAUDERDALE LAKES FL

8. Name and Address of Current Registered Agent

COUNTRYMAN, JOHN E
 1871 NW 96 AVE
 PLANTATION FL 33322

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 _____

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.

100004717231--6
 -12/10/01--01102--009
 ****236.25 ****236.25
 Date 10/13/01

Signature of Registered Agent

John E Countryman
 REGISTERED AGENT MUST SIGN

11. 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:

Kevin Eric F. Henry - CEO
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 10/03/01-954-935-0583
 Daytime Phone #

FILED
 01 NOV -8 PM 4:58
 SECRETARY OF STATE
 TALLAHASSEE FLORIDA



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