

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 JUN 28 AM 9:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N95000001700

1. Corporation Name

ST. VINCENT CATHOLIC CHURCH HOLY NAME
SOCIETY, INC.

2. Principal Office Address - No P.O. Box #

6350 NW 18 STREET

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MARGATE, FLORIDA

City & State

Zip

33063-2320

Country

USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

11/02/1960

5. FEI Number
59-1056123

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

REV. JOSEPH PRANZO, C.S.

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

6350 NW 18 STREET

Suite, Apt. #, Etc.

City

MARGATE

State

FL

Zip Code

33063-2320

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

Rev. Joseph F. Pranzo, C.S.
REGISTERED AGENT MUST SIGN

Date JUNE/10/ 2010

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	REV. JOSEPH PRANZO, C.S.	6350 NW 18 STREET	MARGATE, FL 33063-2320
D	REV. VOLMAR SCARAVELLI, C.S.	6350 NW 18 STREET	MARGATE, FL 33063-2320
D	REV. GERMAN VARGAS, C.S.	6350 NW 18 STREET	MARGATE, FL 33063-2320

10. E-mail Address: STVINCENT7@AOL.COM

(To be used for future annual report notification)

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. I further certify, 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: *Rev. Joseph F. Pranzo, C.S.*

REV. JOSEPH F. PRANZO, C.S.

JUNE/ 10/ 2010 954-917-0434

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #