

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



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

DOCUMENT # **N96000000656**

1. Corporation Name

**ST. LUKE'S ORTHODOX CATHOLIC CHURCH OF AMERICA,
INC.**

Principal Place of Business

Mailing Address

~~8021 BAYHAVEN DRIVE
SEMINOLE FL 34646~~
**10814-88TH AVE N.
SEMINOLE FL 33772**

~~8021 BAYHAVEN DRIVE
SEMINOLE FL 34646~~
**10814-88TH AVE N
SEMINOLE FL 33772**

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

10814-88TH AVE N
Suite, Apt. #, etc.

10814-88TH AVE N
Suite, Apt. #, etc.

City & State

SEMINOLE FL

City & State

SEMINOLE FL

Zip

33772

Country

FLORIDA

Zip

33772

Country

FLORIDA

4. Date Incorporated or Qualified
To Do Business in Florida

02/02/1996

5. FEI Number

59-3358186

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 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	WILLIAMS, HARRY G REV. ROSS, JAMES M Rev	8021 BAYHAVEN DRIVE 10814-88TH AVENUE N	SEMINOLE FL 34646 SEMINOLE FL 33772
SD	WILLIAMS, TRUDY S SMITHERS-ROSS, MARTHA A	8021 BAYHAVEN DRIVE 10814-88TH AVENUE N	SEMINOLE FL 34646 SEMINOLE FL 33772
TD	ATHANSON, WILLIAM G	7800 113TH ST. NO.	SEMINOLE FL 33772

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REINSTATEMENT

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8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**WILLIAMS, HARRY G REV.
8021 BAYHAVEN DRIVE
SEMINOLE FL 34646**

Name
ROSS, JAMES M Rev.
Street Address (P.O. Box Number is Not Acceptable)
10814-88TH AVE N
Suite, Apt. #, Etc.

City
SEMINOLE

State
FL

Zip Code
33772

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0605, F.S.

Signature of
Registered Agent

REQUIRED
REGISTERED AGENT MUST SIGN

Date **28 Oct 1999**

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:

REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date **28 Oct 1999** (727) **539 3695**
Daytime Phone #

FILED

99 NOV -1 PM 3:03

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



CR2000 (8/99)