

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 SEP 14 AM 10:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N96 000002722

1. Corporation Name

Our Lady of Wisdom Catholic Church, INC

2. Principal Office Address

6503 1/2 S. Dixie Highway

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. BOX 7624

Suite, Apt. #, etc.

City & State

West Palm Beach, FL

City & State

West Palm Beach, FL

Zip

33405

Country

Palm Beach

Zip

33405

Country

Palm Beach

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

650715698

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. Rick Riccardi

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

1224 13th Ave. North

Suite, Apt. #, Etc.

City

Lake Worth, FL

State

FL

Zip Code

33460-1702

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. Rick Riccardi

REGISTERED AGENT MUST SIGN

Date 9/12/06

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
PD	Rev. Rick Riccardi	1224 13th Ave North	Lake Worth, FL 33460
D	Kenneth Wahlberg	1221 Alpha St	West Palm Beach, FL 33401
D	Albert Medina	1221 Alpha St.	West Palm Beach, FL 33401
D	Susan LaFehr Bollinger	8028 Via Hacienda	Palm Beach Gardens, FL 33418
D	Kathy Santoli	3385 Poston Ln	Lake Worth, FL 33461
D	Margaret Riccardi	1224 13th Ave North	Lake Worth, FL 33460

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 contained in Chapter 119, 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:

Rev. Rick Riccardi (Rev. Rick Riccardi)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/12/06 (81) 767-6822

Date

Daytime Phone #