

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

FILED

02 JUN 19 AM 9:51

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **N98000003874**

**1. Corporation Name**

**SAINT JOSEPH EPISCOPAL CHURCH, INC.**  
**ORLANDO, FLORIDA**

**700005970247--5**  
**-06/25/02--01041--008**  
**\*\*\*\*420.00 \*\*\*\*420.00**

**2. Principal Office Address**

**2152 Whisperlakes Blvd.**  
Suite, Apt. #, etc.

**3. Mailing Office Address**

**P.O. Box 771267**  
Suite, Apt. #, etc.

**City & State**

**ORLANDO FL**

**City & State**

**ORLANDO FL**

**Zip**

**32837**

**Country**

**ORANGE**

**Zip**

**32877**

**Country**

**ORANGE**

**4. Date Incorporated or Qualified  
To Do Business in Florida**

**7/1/1978**

**5. FEI Number**

**N/A**

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**

**JOHN VAUGHAN**

**350.00 -Adm**

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

**2152 WHISPER LAKES BLVD**

**61.25 -AR**

**Suite, Apt. #, Etc.**

**8.75 -Crt**

**City**

**ORLANDO**

**State**

**FL**

**Zip Code**

**32837**

**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 **10/2/01**

**9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)**

| Titles    | Name of<br>Officers and/or Directors | Street Address of Each<br>Officer and/or Director | City / State / Zip        |
|-----------|--------------------------------------|---|---------------------------|
| <b>D.</b> | <b>EVERTON F. PHILLIPS</b>           | <b>12011 FAIRBRIDGE ROAD</b>                      | <b>ORLANDO FL 32837</b>   |
| <b>D.</b> | <b>JOYCE WEAGRAFF</b>                | <b>1300 BOGGY CREEK ROAD</b>                      | <b>ORLANDO FL 32824</b>   |
| <b>D.</b> | <b>CARNA GIRTMAN</b>                 | <b>12047 EAST CEDARWOOD CIR</b>                   | <b>KISSIMMEE FL 34743</b> |
| <b>D.</b> | <b>DONALD O'ROURKE</b>               | <b>13004 JESUP WOODS COURT</b>                    | <b>ORLANDO FL 32824</b>   |
| <b>D.</b> | <b>JOHN VAUGHAN</b>                  | <b>2152 WHISPER LAKES BLVD</b>                    | <b>ORLANDO FL 32837</b>   |

**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

Date **10/2/01** (407) 855-2695  
Daytime Phone #

CR2E081 (9/00)