

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 MAY -9 PM 1:40

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N99000006812**

**1. Corporation Name**

Old Apostolic Church of the America's, Inc.

**2. Principal Office Address**

209 La Pasada Circle East

Suite, Apt. #, etc.

City & State

Ponte Vedra Beach, FL

Zip

32082

Country

St. Johns

**3. Mailing Office Address**

209 La Pasada Circle East

Suite, Apt. #, etc.

City & State

Ponte Vedra Beach, FL

Zip

32082

Country

St. Johns

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

**5. FEI Number**

59-3609391

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

Pieter Mocke

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

209 La Pasada Circle East 05/09/03--01074--010 \*\*183.75

Suite, Apt. #, Etc.

City

Ponte Vedra Beach

State

FL

Zip Code

32082

**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

REGISTERED AGENT MUST SIGN

Date

**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
Director	Pieter Mocke	209 La Pasada Circle East	Ponte Vedra Beach, FL 32082

**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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5/11/03

5/11/03

CR2E081 (10/02)

May 1, 2003

Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

RE : Old Apostolic Church of the America's, Inc.  
Annual Uniform Business Reports : 2001, 2002 and 2003

---

Dear Sir or Madam,

I have enclosed a check in the amount of \$183.75 for the annual uniform business report for the Old Apostolic Church of the America's, Inc. for the years 2001, 2002 and 2003.

Please reinstate our organization and waive any reinstatement fees based on the following circumstances :

1. We have no record of receiving the annual reports for the years listed above.
2. We are a non-profit organization.
3. We have made a good faith effort to comply with all requirements.

Thank you for your assistance in resolving this matter.

Sincerely



**PIETER MOCKE**  
*Director*