

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
 Secretary of State
 DIVISION OF CORPORATIONS

APPROVED AND FILED

03 NOV -3 PM 6:03

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **703091**

1. Corporation Name

ST. VINCENT DEPAUL SALVAGE STORE OF WEST PALM BEACH, INC.

Principal Place of Business

Mailing Address

2647 OLD DIXIE
 RIVIERA BEACH FL 33404-4119

2647 OLD DIXIE
 RIVIERA BEACH FL 33404-4119



REINSTATEMENT 2003

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

4. Date Incorporated or Qualified To Do Business in Florida

10/27/1961

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-1058446

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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
SD	SOUZA, DORIS	2306 HOLLY LANE	PALM BCH GDNS FL 33410
PD	SCHENK, LAVERNE	4863 ELMHURST RD.	WPB FL 33417
TD	FERNANDEZ, R	14236 ASTER AVE	WELLINGTON LF 33414
VD	WATSON, JAMES	129 HAMMOCKS CT	GREENACRES FL 33413
D	GEORGE RUGGIERE	2621 VILLAGE BLVD	WEST PALM BEACH

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SCHENK, LAVERNE
 4863 ELMHURST RD
 WEST PALM BEACH FL 33417

Name

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

200024381928

Suite, Apt. #, Etc.

11/03/03--01071--014 **236.25

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of Registered Agent

Date **10-29-03**

REGISTERED AGENT MUST SIGN

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:

George Ruggiere
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10-29-03

Daytime Phone #

51-845-0522

CR2E040 (7/03)