PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED
00 NOV -3 AM 10:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **705807**

1. Corporation Name

FLAGLER COLLEGE, INC.

Principal Place of Business	Mailing Address
74 KING STREET ST AUGUSTINE FL 32084	P.O. BOX 1027 ST AUGUSTINE FL 32085

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
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida: 06/25/1963

5. FEI Number: 59-1157081 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ $8.75 Additional Fee required for a Certificate of Status

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7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must have at least three directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
T	RUSSOM, KENNETH S	4002 MOULTRIE FORESIDE BLVD.	ST. AUGUSTINE FL
S	ABARE, WILLIAM JR	311 ARPIEKA AVE	ST AUGUSTINE FL
CT	UPCHURCH, FRANK	3708 WATERWAY CT	ST. AUGUSTINE FL
T	CONE, FRED M JR	207 INLET DR	ST AUGUSTINE FL
T	MELTON, HOWELL W.	41 CARRERA STREET	ST. AUGUSTINE FL
T	BAILEY, JOHN D.	47 AVISTON CIRCLE	ST. AUGUSTINE FL

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
BAILEY, JOHN D JR 780 N. PONCE DE LEON BLVD. ST AUGUSTINE FL 32085-0007	Name: Kenneth S. Russom Street Address (P.O. Box Number is Not Acceptable): 4002 Moultrie Foreside Blvd. Suite, Apt. #, Etc. City: St. Augustine State: FL Zip Code: 32086

700003482397--4
-12701700 01016 009
****245.00 ****245.00

CR2E040 (8/00)

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.

Signature of Registered Agent: Kenneth S. Russom SIGNATURE REQUIRED Date: 10/17/00

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: Kenneth S. Russom SIGNATURE REQUIRED — 10/17/00 — 904-829-6481

Kenneth S. Russom
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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