PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name

SANTA ROSA EDUCATIONAL FOUNDATION, INC.

Principal Place of Business

Mailing Address

MILTON FL 32570

MXMMXXXXXXX5086 Canal St.

MILTON FL 32570

FILED

02 OCT 28 PH 2: 40

SECRETARY OF STATE TALLAHASSEE, FLORIDA **236.25 10/28/02--01113--001



If above addresses are incorrect in any way, line through incorrect information and enter correction below. 3. New Mailing Office Address, If Applicable 2. New Principal Office Address, If Applicable Date Incorporated or Qualified 12/10/1987 To Do Business in Florida 5086 Canal Street 5086 Canal Street Suite, Apt. #, etc. Suite, Apt. #, etc. 5. FEI Number Applied For 59-2875033 City & State Milton, City & State Not Applicable 32570 Milton, FLFL32570 \$8.75 Additional Fee required Country Country Zip Zip CERTIFICATE OF STATUS DESIRED 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) Street Address of Each Name of Officers City / State / Zip Title(s) Officer and/or Director and/or Directors XXXXXX SHEEN XIKK NO DEVINER X30 D 2299 Scenic Highway #T-8 Pensacola, FL 32503 Kyle Holley MILTON FL SALTER, DON DOGWOOD DR. **MEDISABORA AIX** XQUNGXPAUK XSDEXAK XGXIDIJEM XTX 32563 Gulf Breeze, FL 3880 Bay Wind Sheila Nichols PENSACIOLA FIX325UA AUXCHIEXDEE XDRE 2324 APRIVISTEXMAY ED Milton, FL 32570 Jane Judy-Miller 5774 Truluck Ave. MIKTONIXEKX X NEWSTER'S SYSEY MAPONESXPANIA 32586 5686 Pin Oak Drive Milton, FL Jerry Burden MILTON FL 32570 x**5774xTRULHUGK**XAWEX **GP**_X MITTEL AVIE Name and Address of New Registered Agent 8. Name and Address of Current Registered Agent Name Jane Judy-Miller XPATECHIE, XDEE 195E Street Address (P.O. Box Number is Not Acceptable) SANTA ROSA SCHOOL DIST Santa Rosa School District **60X EANNAK STREET** Suite, Apt. #, Etc. 5086 Canal Street MILTON FL 32570 City Milton State Zip Code 32570 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.

Registered Agent

Date 10/25/2002

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 filling 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR