

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 01 NOV -1 PM 3:46

DOCUMENT # **N93000002663**

1. Corporation Name

ST. ANTHONY'S CATHOLIC SCHOOL ENDOWMENT FUND, INC.

Principal Place of Business

Mailing Address

820 MARCUM RD.
 LAKELAND FL 33809

P.O. BOX 90164
 LAKELAND FL 33804



REINSTATEMENT

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 06/15/1993	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 59-3225794	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD	CUNNINGHAM, VANNEY, REV Giglio, Michael E.	820 MARCUM RD 820 Marcum Road	LAKELAND FL Lakeland FL 33809
D	PATRICK, MICHAEL (SISTE McCarel, Elizabeth	820 MARCUM RD 5535 Club Hill West	LAKELAND FL 33809 Lakeland FL 33813
SD	LAUSELL, CATHY	6135 CHAROLIAS DRIVE	LAKELAND FL 33810
TD	GILLEN, MATTHEW Gillen, Matthew	1135 W. GREENWOOD 1851 Westminster Court	LAKELAND FL Lakeland FL 33809
D	Sheeler, Lynn	7619 Brian Loop Road	Lakeland FL 33810
D	Oettinger, Kathy	3675 Emerald Lane	Mulberry FL 33860

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
WENDEL CHRITTON PKS & DEBARI CHARTERED 5300 S. FLORIDA AVE. LAKELAND FL 33813		Name Giglio, Michael E. Street Address (P.O. Box Number is Not Acceptable) 820 Marcum Road Suite, Apt. #, Etc.	
		City Lakeland	State FL
		Zip Code 33809	

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: Michael E. Giglio **SIGNATURE REQUIRED**

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 Date: 06/14/2001

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: Michael E. Giglio Michael E. Giglio, President (863) 858-8047

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CRE2000 (8/01)