

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION  
FOR  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

98 AUG -7 PM 2:13

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # N95000002180**

1. Corporation Name

**ST. ANDREW'S FOUNDATION, INC.**

Principal Place of Business

210 S. INDIAN RIVER DRIVE  
FORT PIERCE FL 34950

Mailing Address

210 S. INDIAN RIVER DRIVE  
FORT PIERCE FL 34950

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

**REINSTATEMENT**

97-98  
CW

4. Date Incorporated or Date To Do Business in Florida

05/05/1995

5. FEI Number

65-0845153

**APPLIED FOR**

Applied For

Not Applicable

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	WHALON, PIERRED W REV.	2405 S. INDIAN RIVER DRIVE	FORT PIERCE FL 34950
D	ADAMS, ALTO "BUD" JR.	26003 ORANGE AVENUE	FORT PIERCE FL 34945
D	GATES, PHILIP C	2323 S. INDIAN RIVER DRIVE	FORT PIERCE FL 34950

8. Name and Address of Current Registered Agent

RICHARD D. SNEED, JR., P.A.  
1905 SOUTH 25TH STREET  
SUITE 206  
FORT PIERCE FL 34947

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

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.

Signature of Registered Agent

*[Signature]*

REGISTERED AGENT MUST SIGN

Date 08-04-98

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.

Yes  No

(See other side for information on Intangible tax.)

12. 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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/3/98 561-461-5009

Date

Daytime Phone #

CR20040 (8/97)