


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  
 TALLAHASSEE, FLORIDA

01 OCT 25 PM 6:10

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

4. Date Incorporated or Qualified To Do Business in Florida

05/05/1995

5. FEI Number

65-0845155

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	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
			000004679478-2 -11/14/01--01091--015 ***236.25 ***236.25

8. Name and Address of Current Registered Agent

WHALON, PIERRE  
 210 S INDIAN RIVER DRIVE  
 FORT PIERCE FL 34950

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* **SIGNATURE REQUIRED**

REGISTERED AGENT MUST SIGN

Date

10/18/07

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:

*Signature* **SIGNATURE REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

WHALON 10/18/07 561 401 5009

CR2E040 (8/01)