PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

APPROVED AND FILED
98 DEC 22 PM 1:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

700[illegible]

DOCUMENT # N97000003982

1. Corporation Name

SAINT ANDREWS CHAPEL, INC.

Principal Place of Business	Mailing Address
1075 N.C.R. 427	~~400 TECHNOLOGY PARKWAY~~
~~400 TECHNOLOGY PARKWAY~~	~~LAKE MARY FL 32746~~
~~LAKE MARY FL 32746~~	1075 N.C.R. 427
Longwood, FL. 32750	Longwood, FL. 32750

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

REINSTATEMENT 98

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: 07/11/1997

5. FEI Number: 59-3456651 ☐ 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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
~~D~~ V Sec'y	ALLEN, GORDON ~~GUY RIZZO~~	~~402 DEVON PL~~ 123 WISTERIA DR	~~HEATHROW FL 32746~~ LONGWOOD, FL 32779
~~D~~ V	~~KERR, WALTER~~	~~1408 SHADWELL CIR.~~	~~HEATHROW FL 32746~~
D	BUCHMAN, DAVID	2144 BLUE IRIS PL.	LONGWOOD FL 32779
D Pres.	TOVEY, CHUCK	1660 CHEYENNE TRAIL	MAITLAND FL 32751
D	IAMIO, TOM	457 LAKE SHORE DR.	LAKE MARY FL 32746
D.	R.C. Sproul	400 TECHNOLOGY PARK	LAKE MARY, FL 32746

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
RIZZO, GUY 123 WISTERIA DR. LONGWOOD FL 32779	Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City / State / Zip

700002724787--6
-12/29/98 FL ****236.25

CR2E040 (9/98)

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 REQUIRED~~ Date 12/1/98
REGISTERED AGENT MUST SIGN

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 REQUIRED~~ 12/1/98 407-774-8704
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0007396 AE