PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED AND FILED

03 JUL 17 PM 11:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

700020803847
06/12/03--01038--005 **61.25

DOCUMENT # N97000005292

REINSTATEMENT 02-03

1. Corporation Name
St. Francis Society, Inc

2. Principal Office Address	3. Mailing Office Address
P.O. Box 2611614	P.O. Box 2611614
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Tampa, FL	City & State: Tampa, FL
Zip: 33685 Country: U.S.A.	Zip: 33685 Country: U.S.A.

4. Date Incorporated or Qualified To Do Business in Florida: 9/18/1997

5. FEI Number: 59-3469332 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: Stu Stafford

700020803847
07/17/03--01051--004 **175.00

Street Address (P.O. Box Number is Not Acceptable): 15951 N. Florida Ave

11/19/02 01072 001 #61.25

Suite, Apt. #, Etc.: E

City: Lutz State: FL Zip Code: 33549

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent: [signature] Date: 6-7-03
REGISTERED AGENT MUST SIGN

CR2E081 (10/02)

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Dir	Raquel Aluisy	1911 Lake Platt Lane	Tampa FL 33618
Dir	Ron Calkin	712 Gateway Lane	Tampa, FL 33613
Pres	Michelle Kapusta	3306 Little Rd	Valrico FL 33594
Tres.	Christina Mavicotte	3306 Little Rd	Valrico, FL 33594

10. 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: Michelle M Kapusta / Michelle Kapusta 6/6/03 813-654-1273
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #