

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

01 FEB 14 PM 1:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *N36808*

1. Corporation Name

ST. LUCIE COUNTY EDUCATION FOUNDATION, INC.

2. Principal Office Address

2909 Delaware Avenue

Suite, Apt. #, etc.

City & State

Fort Pierce, FL

Zip
34947-7299

Country
USA

3. Mailing Office Address

2909 Delaware Avenue

Suite, Apt. #, etc.

City & State

Fort Pierce, FL

Zip
34947-7299

Country
USA

REINSTATEMENT *ag-01*

**4. Date Incorporated or Qualified
To Do Business in Florida**

2/22/1990 **SP**

5. FEI Number

65-0209044

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

Michelle Sjogren

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

2909 Delaware Avenue

Suite, Apt. #, Etc.

City

Fort Pierce

State

FL

Zip Code

34947-7299

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

Michelle Sjogren
REGISTERED AGENT MUST SIGN

Date

1/31/01

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
PD	Mary Jane Davis-Mammarella	502 NW Sagamore Terr	Port St. Lucie, FL 34983
VPD	Beth Hoskins	2931 N. Indian River Dr.	Fort Pierce, FL 34946
TD	Chris Fogal	603 N. Indian River Dr. #300	Fort Pierce, FL 34950
D	Joyce Nix	111 Orange Ave.	Fort Pierce, FL 34950
ED	Michelle Sjogren	2909 Delaware Ave.	Fort Pierce, FL 34947

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:

MJ Davis-Mammarella
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (9/00)