

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
05 DEC 30 PM 2:27
TALLAHASSEE, FLORIDA

DOCUMENT # 710724

1. Corporation Name

ST. VINCENT DE PAUL SOCIETY
OF INDIAN RIVER COUNTY

2. Principal Office Address

1745 14TH AVE.

Suite, Apt. #, etc.

City & State

VERO BEACH FL

Zip

32960

Country

INDIAN RIVER

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT 00-05

CR2E081 (8/05)
T. Roberts

JAN 04 2006

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

4-15-1966

5. FEI Number

592356132

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

PAUL J. MAIER

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

400 18TH ST.

Suite, Apt. #, Etc.

HQ

City

VERO BEACH

State

FL

Zip Code

32960

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

Paul J. Maier

Date 12-30-05

REGISTERED AGENT MUST SIGN

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 LOU RETHMAN	1466 32ND AVE.	VERO BEACH, FL 32960
V	KENNETH TREILING	1726 36TH AVE.	VERO BEACH, FL 32960
V	ROSEMARY O'CONNOR	1745 14TH AVE.	VERO BEACH, FL 32960
SD	CAROLYN TABB	1166 6TH AVE.	VERO BEACH, FL 32960
TD	PAUL T. MAIER	400 18TH ST. - HQ	VERO BEACH, FL 32960
D	MATT SMITH	4735 ST. JAMES AVE.	VERO BEACH, FL 32967

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:

Mary Lou Rethman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12/30/05

Daytime Phone #

772-567-6774