

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FILED

04 JUN -9 PM 4:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 738530

1. Corporation Name

St. Lucie County 4-H Foundation, Inc.

2. Principal Office Address
8400 Picos Road

3. Mailing Office Address
8400 Picos Road

Suite, Apt. #, etc.
Suite 101

Suite, Apt. #, etc.
Suite 101

City & State
Fort Pierce, FL

City & State
Fort Pierce, FL

Zip
34945

Country
USA

Zip
34945

Country
USA

**4. Date Incorporated or Qualified
To Do Business in Florida** 04/01/1977

5. FEI Number
59-2165799

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
Susan Munyan

Street Address (P.O. Box Number is Not Acceptable)
8400 Picos Road

Suite, Apt. #; Etc.
Suite 101

City
Fort Pierce

State
FL

Zip Code
34945

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

Susan Munyan
REGISTERED AGENT MUST SIGN

Date June 4, 2004

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
P-	Gracie Bryant	302 S. Brocksmitth Road	Ft. Pierce, FL 34945
V	Andy Llanas	1606 Florida Avenue	Ft. Pierce, FL 34950
C	Jodi Andrews	3503 Okeechobee Road	Ft. Pierce, FL 34947
C	Audrey Beany	2199 S. Rock Road	Ft. Pierce, FL 34945
C	Marie Jenkins	120 N Brocksmitth Road	Ft. Pierce, FL 34945
			<i>Munyan</i>

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:

Gracie J. Bryant
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

June 4, 2004

Date

(772) 461-4129

Daytime Phone #

CR2E081 (01/04)