

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N01000001979

1. Corporation Name

St. Peter's Academy, Inc.

2. Principal Office Address
4250 38th Avenue

Suite, Apt. #, etc.

City & State
Vero Beach, FL

Zip
32967

Country
USA

3. Mailing Office Address
4250 38th Avenue

Suite, Apt. #, etc.

City & State
Vero Beach, FL

Zip
32967

Country
USA

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CR2E081 (12/05)

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number
31-1775432

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$2.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
Andrew Jefferson

Street Address (P.O. Box Number is Not Acceptable)
4250 38th Avenue

Suite, Apt. #, Etc.

City
Vero Beach, FL

State
FL

Zip Code
32967

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

REGISTERED AGENT MUST SIGN

Date

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
President	Andrew Jefferson	4236 57th Avenue	Vero Beach, FL 32967
Treasurer	Mr. Robert Temple	P. O. Box 5064	Vero Beach, FL 32961
Secretary	Miss Mary McKinney	4206 58th Avenue	Vero Beach, FL 32967

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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 contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #