

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

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DOCUMENT # N01000001979

1. Corporation Name

St. Peter's Academy, Inc.

2. Principal Office Address  
4250 38th Avenue

3. Mailing Office Address  
4250 38th Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
Vero Beach, FL

City & State  
Vero Beach, FL

Zip  
32967

Country  
USA

Zip  
32967

Country  
USA

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

33/27/06  
REINSTATEMENT 02-06

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

Date

3/14/06

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
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

3/14/06

Daytime Phone #