


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. **FILED**

2008 DEC 24 PM 2:44

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CR2E081 (10/08)

**CORPORATION REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **NO1000006067**  
1. Corporation Name  
**ST. JAGO HIGH SCHOOL ALUMNI ASSOCIATION OF SOUTH FLORIDA, INC.**

2. Principal Office Address - No P.O. Box # <b>3109 JUNIPER LANE</b> Suite, Apt. #, etc.		3. Mailing Office Address <b>3109 JUNIPER LANE</b> Suite, Apt. #, etc.	
City & State <b>DAVIE, FLORIDA</b>		City & State <b>DAVIE, FLORIDA</b>	
Zip <b>33330</b>	Country	Zip <b>33330</b>	Country

4. Date Incorporated or Qualified To Do Business in Florida **8/24/2001**

5. FEI Number **65 1139093** 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  
**ELVIN WILLIAMS**

Street Address (P.O. Box Number is Not Acceptable)  
**3109 JUNIPER LANE**

Suite, Apt. #, Etc.

City  
**DAVIE**

State  
**FL**

Zip Code  
**33330**

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

**400139271124**  
**12/24/08--01045--008 \*\*306.25**

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 **Elvin A. Williams** Date **12-22-2008**

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
P	GARNETT WALKER	8243 WINDSOR DRIVE	MIRAMAR, FL 33025
V	JENNIFER GENUS	13035 NW 9 <sup>TH</sup> COURT	PEMBROKE PINES, FL 33028
T	ELVIN WILLIAMS	3109 JUNIPER LANE	DAVIE, FL 33330
S	LINTON CLARKE	10600 NW 1 <sup>ST</sup> STREET	PLANTATION, FL 33324
D	EUCLIA GREENE	6580 NW 44 <sup>TH</sup> COURT	LAUDERHILL, FL 33319
D	DENNIS GILL	5180 NW 81 <sup>ST</sup> STREET	LAUDERHILL, FL 33351

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: **ELVIN A. WILLIAMS** **5044**  
**Elvin A. Williams** Date **12-22-2008 (954) 913-**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #