

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 MAR 16 PM 2:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N 30339

1. Corporation Name

ASSOCIATION OF ST. JUDE, INC

REINSTATEMENT 02-04

2. Principal Office Address

1905 HICKORY AVE

Suite, Apt. #, etc.

3. Mailing Office Address

PO BOX 16576

Suite, Apt. #, etc.

City & State

PANAMA CITY, FL

City & State

PANAMA CITY, FL

Zip

32405

Country

BAY

Zip

32405

Country

BAY

4. Date Incorporated or Qualified
To Do Business in Florida

01/1989

5. FEI Number

592933244

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

JOAN A. REDMAN, TRES.

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

1905 HICKORY AVE

Suite, Apt. #, Etc.

City

PANAMA CITY

State
FL

Zip Code
32405

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

Joan A Redman

Date 3/12/04

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
<u>P</u>	<u>DENIZE KEARNS</u>	<u>715 MISSISSIPPI AVE</u>	<u>LYNN HAVEN, FL 32444</u>
<u>VP</u>	<u>DONNA HARDIN</u>	<u>2147 PITTMAN DR</u>	<u>PANAMA CITY, FL 32405</u>
<u>VP</u>	<u>DON RAUSCHER</u>	<u>935 GOOSE BAYOU RD</u>	<u>LYNN HAVEN, FL 32405</u>
<u>S</u>	<u>JACQUELINE FOWLER</u>	<u>6123 SUNSET AVE</u>	<u>P.C.B., FL 32408</u>
<u>T</u>	<u>JOAN A. REDMAN</u>	<u>1905 HICKORY AVE</u>	<u>PANAMA CITY, FL 32405</u>

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:

Joan A Redman JOAN A REDMAN

3/12/04

Date

Daytime Phone #

850
763-6215

CR2E081 (01/04)