PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT 2013-2015

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
15 SEP -1 AM 8:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E081 (11/10)

DOCUMENT # N31866

1. Corporation Name

The Catholic Lawyers Guild of the Diocese of St. Augustine, Inc.

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
1837 Hendricks Ave.		1837 Hendricks Ave.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Jacksonville, FL		Jacksonville, FL	
Zip	Country	Zip	Country
32207	USA	32207	USA

4. Date Incorporated or Qualified To Do Business in Florida
4/21/1989

5. FEI Number
592945814
Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED
YES
$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
Dennis E. Guidi

Street Address (P.O. Box Number is Not Acceptable)
1837 Hendricks Ave.

Suite, Apt. #, Etc.

City	State	Zip Code
Jacksonville	FL	32207

000275321910
09/01/15--01019--025 **53.25

000275321910
07/22/15--01021--014 **488.00

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 Dennis E. Guidi Date 7-8-15
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	Stacy A. Scaldo	1837 Hendricks Ave.	Jacksonville, FL 32207
V	Michael A. Kolcun	1837 Hendricks Ave.	Jacksonville, FL 32207
S	Rebecca C. Lavie	1837 Hendricks Ave.	Jacksonville, FL 32207
T	Michael B. Bittner	1837 Hendricks Ave.	Jacksonville, FL 32207

10. E-mail Address: guidi@harrisguidi.com
(To be used for future annual report notification)

11. 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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: Michael A. Kolcun MICHAEL A. KOLCUN V.P 7/17/15 9042600002
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #