## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

SECRETARY OF STATE TALLAHASSEE, FLORIDY  ST. Lucie School Board Leasing Corporation  500158882385 07/24/0901036007 **183	,
	( م
2. Principal Office Address - No P.O. Box # 3. Mailing Office Address REINSTATEMENT	0/1
1600 S. Federal Highway CR2E081 (12/08)	
Suite, Apt. #, etc.  Suite 200	
City & State City & State O5/25/1990	
Fort Pierce, Florida   Fort Pierce, Florida   65_0320881	Applicable
Zip Country Zip Country  34950 US Say Status Desired Status Desired Status Desired Say	Fee required
7. Name and Address of Current Registered Agent	
Name Daniel B. Harrell  ☐ The reinstatement fee is imposed, except the statement fee is imposed.	
Street Address (P.O. Box Number is Not Acceptable)  1600 S. Federal Highway  circumstances which the entity did not rule to the prior notices. By checking this bo	
Suite, Apt. #, Etc. are certifying the prior notices were	
fee be waived.	ement
Fort Pierce State Zip Code FL 34950	
8. I, being appointed the registered agent of the above names 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 Street Address of Each Officers and/or Directors Officer and/or Director City / State / Zip	
D Hilson, Carol A. 4204 Okeechobee Road Fort Pierce, Florida 34947	
D Ingersoll, Troy 4204 Okeechobee Road Fort Pierce, Florida 34947	<u> </u>
D Miller, Judith C. 4204 Okeechobee Road Fort Pierce, Florida 34947	
D Hensley, Kathryn J. 4204 Okeechobee Road Fort Pierce, Florida 34947	
D Carvelli, John J. 4204 Okeechobee Road Fort Pierce, Florida 34947	
ST Lannon, Michael J. 4204 Okeechobee Road Fort Pierce, Florida 34947	
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 whe 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 is 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 is 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  Dayling Phone #	all fees

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