

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # N93000002663

1. Corporation Name

ST. ANTHONY'S CATHOLIC SCHOOL ENDOWMENT FUND, INC.

Principal Place of Business

Mailing Address

820 MARCUM RD.  
LAKELAND FL 33809

P.O. BOX 90164  
LAKELAND FL 33804

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

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REINSTATEMENT

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified  
To Do Business in Florida

06/15/1993

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3225794

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	CUNNINGHAM, VANNEY J. REV.	820 MARCUM RD.	LAKELAND FL
PD	Giglio, Michael E.	820 Marcum Road	Lakeland FL 33809
D	PATRICK, MICHAEL (SISTE	820 MARCUM RD	LAKELAND FL 33809
D	McCarel, Elizabeth	5535 Club Hill West	Lakeland FL 33813
SD	LAUSELL, CATHY	6135 CHAROLIAS DRIVE	LAKELAND FL 33810
TD	GILLEN, MATTHEW	1135 W. GREENWOOD	LAKELAND FL
TD	Gillen, Matthew	1851 Westminster Court	Lakeland FL 33809
D	Sheeler, Lynn	7619 Brian Loop Road	Lakeland FL 33810
D	Oettinger, Kathy	3675 Emerald Lane	Mulberry FL 33860

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

WENDEL CHRITTON PKS & DEBARI CHARTERED  
5300 S. FLORIDA AVE.  
LAKELAND FL 33813

Name  
Giglio, Michael E.  
Street Address (P.O. Box Number is Not Acceptable)  
820 Marcum Road  
Suite, Apt. #, Etc.

City  
Lakeland

State  
FL

Zip Code  
33809

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of  
Registered Agent

*Michael E. Giglio*  
REGISTERED AGENT MUST SIGN

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\*\*\*236.25 \*\*\*236.25  
Date 06/14/2001

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., 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:

*Michael E. Giglio*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michael E. Giglio, President

(863) 858-8047

Date

Daytime Phone #