

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

97 DEC 31 AM 9:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N93000005344

1. Corporation Name

SAINT ANDREW HERITAGE FOUNDATION, INC.

Principal Place of Business

2629 W 10TH ST
PANAMA CITY FL 32401

Mailing Address

P.O. BOX 4797 N/A
PANAMA CITY FL 32401
US



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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

P.O. Box 4676
Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT 97

4. Date Incorporated or Qualified To Do Business in Florida

11/19/1993

5. FEI Number

59-3248053

Applied For

Not Applicable

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
CD	LITTLETON, A C JR	763 MARYWOOD DR.	PANAMA CITY FL
D	WEST, JR. C	1920 WEST BEACH DRIVE	PANAMA CITY FL
D	PARKER, AUDREY	1546 CINCINNATI AVENUE	PANAMA CITY FL
D	LITTLETON, GINGER	763 MARYWOOD DR.	PANAMA CITY FL 32405
D	KAYSER, LEA	1236 BECK AVE NO. 4	PANAMA CITY FL 32401
D	RUBIN, STEVE	1334 CINCINNATI AVE	PANAMA CITY FL 32401

8. Name and Address of Current Registered Agent

LITTLETON, JR. A
763 MARYWOOD DRIVE
PANAMA CITY FL 32405

9. Name and Address of New Registered Agent

Name

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

00002393160-- 3

Suite, Apt. #, Etc.

-01/07/98--01094--018

City

****236.25 ****236.25

State

FL

Zip Code

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

[Handwritten Signature]

Date

10/30/97

REGISTERED AGENT MUST SIGN

NEW REGISTERED AGENT

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes No

(See other side for information on Intangible tax.)

12. 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:

Ginger Littleton
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

12/29/97 850-872-4611

CR2E040 (8/97)