

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Glenda E. Hood**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 NOV -4 PH 12: 23

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **N93000005647**

1. Corporation Name

**HASTINGS HIGH SCHOOL ALUMNI FOUNDATION, INC.**

Principal Place of Business

6195 SOUTH MAIN ST  
HASTING FL 32145

Mailing Address

P O BOX 276  
~~61 KING ST. SUITE A~~  
HASTINGS FL 32145  
US

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



REINSTATEMENT 03

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		12/16/1993	
City & State		City & State		5. FEI Number	
Zip		Zip		59-3117390	
Country		Country		Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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	4 City / State / Zip
D	SMITH, WESLEY	8770 CR 13 S	HASINGS FL 32145
D	PACETTI, TERRY W	P.O. BOX 618 N/A	ST. AUGUSTINE FL 32085
D	AUSLEY, JOHN	P.O. BOX 56 N/A	HASTINGS FL 32145
T	ROGERO, JANE L	2770 LOJA ST., APT 3-W	ST. AUGUSTINE FL 32145
			100024411771 11/04/03-01045-011 **236.25

8. Name and Address of Current Registered Agent

MCCLURE, GEORGE M  
170 MALAGA  
ST AUGUSTINE FL 32085

9. Name and Address of New Registered Agent

Name JANE L ROGERO  
Street Address (P.O. Box Number is Not Acceptable) 2770 Loja St. # 3  
Suite, Apt. #, Etc. # 3  
City St. Augustine, FL State FL Zip Code 32145

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. or 617.0505, F.S.

Signature of Registered Agent

*Jane L Rogero*  
REGISTERED AGENT MUST SIGN

Date 10/23/03

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:

*TERRY W. PACETTI, President*  
*Terry W. Pacetti*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/23/03

Date

904 669-6000

Daytime Phone #

CR2E040 (7/03)