

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 PM 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.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

12/16/1993

5. FEI Number

59-3117390

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
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 **230.25

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)