PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED
02 NOV 14 AM 11:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N94000002739

1. Corporation Name

ST. LUCIE COUNTY CHAMBER OF COMMERCE FOUNDATION, INC.

Principal Place of Business	Mailing Address
2200 VIRGINIA AVENUE FORT PIERCE FL 34982	2200 VIRGINIA AVENUE FORT PIERCE FL 34982

100009176991
11/22/02--01092--007 **236.25

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	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida: 02/11/1991

5. FEI Number: 59-3120098 ☐ 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	4 City / State / Zip
PD	~~HENSLEY, KATHRYN~~ Dobbins, Lee	2909 DELAWARE AVE 804 Central Pkwy #9	~~FORT PIERCE FL 34947~~ Stuart, FL. 34997
~~SD~~ PED	~~SANDERS, MARTY~~ Mathes, Stefan	~~2222 COLONIAL DR #201~~ 4320 Thousand Lines Rd.	FORT PIERCE FL ~~34950~~ 34981
TD	~~WILBUR, DAVID~~ Loveless, Ron	~~2716 US 1~~ 1109 Bermuda Ave	~~FORT PIERCE FL 34982~~ Fort Pierce, FL 34982
SD	Rivett, Al	2200 Virginia Ave	Fort Pierce, FL. 34982

8. Name and Address of Current Registered Agent

RIVETT, ALLAN
2200 VIRGINIA AVE
FT PIERCE FL 34982

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City | State FL | Zip Code

CR2E040 (8/02)

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: ~~SIGNATURE REQUIRED~~ Allan Rivett Date: 11/13/02

REGISTERED AGENT MUST SIGN

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: ~~SIGNATURE REQUIRED~~ Allan Rivett Corporate Secretary 11/13/02 772-595-9999

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #