

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR 97-98
REINSTATEMENT



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

APPROVED
AND
FILED

98 MAR 20 AM 10:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N 94000005549 (0)

1. Corporation Name

St. Anthony's Community Homes, Inc.

Principal Place of Business

Mailing Address

7357 Wilson Road,
West Palm Beach FL
33413

11891 US Hwy #1
North Palm Beach FL
33418

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

2. New Principal Office Address, If Applicable

3628 Daisy Avenue
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

19938 Wilkinson Leas Road
Suite, Apt. #, etc.

4. Date Incorporated or Qualified
to Do Business in Florida

11/07/1994

5. FEI Number

65-0527683

Applied For

Not Applicable

City & State

Palm Beach Gardens FL

City & State

Tequesta FL

Zip

33410

Country

Palm Beach

Zip

33469

Country

Palm Beach

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 (Do NOT Use Post Office Box Numbers) 3 | City / State / Zip 4 |
|---------------|---|--|---|
| D | Kolar, James | 1200 Surf Road | Singer Island FL 33404 |
| D | Smith, Donald | 11891 US Hwy #1 | North Palm Beach FL 33418 |
| D | Kolar, Mary | 19938 Wilkinson Leas Rd | Tequesta FL 33469 |
| | | | 8000002469568-8 -03/26/98--01089--010 ****306.25 ****306.25 |
| | | | |
| | | | |
| | | | |

REINSTATEMENT 97-98

G. Alan

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Kolar, James
1200 Surf Road
Singer Island FL 33404

Name

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

Suite, Apt. #, Etc.

City

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

Jim Kolar
REGISTERED AGENT MUST SIGN

Date

3/18/98

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:

Mary E Kolar MARY E Kolar
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/1/98 561-743-9771
Date Daytime Phone #