

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

13 NOV 15 PM 6:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N95000004328

1. Corporation Name

Ponte Vedra Public Education Foundation, Inc.

REINSTATEMENT

2. Principal Office Address - No P.O. Box #

100 PGA TOUR Boulevard

Suite, Apt. #, etc.

3. Mailing Office Address

100 PGA TOUR Boulevard

Suite, Apt. #, etc.

City & State

Ponte Vedra Beach, FL

City & State

Ponte Vedra Beach, FL

Zip

32082

Country

USA

Zip

32082

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

09/11/1995

5. FEI Number

59-3333907

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED
No

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Jeanne Lightcap

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

100 PGA TOUR Boulevard

Suite, Apt. #, Etc.

City

Ponte Vedra Beach

State

FL

Zip Code

32082

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Jeanne Lightcap

REGISTERED AGENT MUST SIGN

Date 11/7/13

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
ST	Jeanne Lightcap	100 PGA TOUR Boulevard	Ponte Vedra Beach, FL 32082
D	Jack Peter	100 PGA TOUR Boulevard	Ponte Vedra Beach, FL 32082
D	Carol Barbour	100 PGA TOUR Boulevard	Ponte Vedra Beach, FL 32082
D	Diane Newman	100 PGA TOUR Boulevard	Ponte Vedra Beach, FL 32082
DP	Marilyn Hoener	100 PGA TOUR Boulevard	Ponte Vedra Beach, FL 32082
D	Ashley Rea	100 PGA TOUR Boulevard	Ponte Vedra Beach, FL 32082

10. E-mail Address: jeannelightcap@pgatourhq.com

(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

Jeanne Lightcap

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jeanne Lightcap, Secretary/Treasurer

11/7/13

804-285-3700

NOV 15 2013

Daytime Phone #

C. CARROTHERS