

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 JAN 30 AM 9:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #N9500000 4755

1. Corporation Name

ST. AUGUSTINE COLLEGE ALUMNI ASSOCIATION, INC

2. Principal Office Address

160 ROYAL PALM RD.

Suite, (Apt) #, etc.

#108

City & State

HALEAH GARDENS

Zip

33016

Country

MIAMI DADE

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

10-02-95

5. FEI Number

650722918

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

MARIO G. GARCIA

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

10221 SW 27 ST

Suite, Apt. #, Etc.

City

MIAMI

State
FL

Zip Code

33165

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

[Signature]
REGISTERED AGENT MUST SIGN

Date 1-24-03

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
PD	DESIDERIO SANCHEZ	160 ROYAL PALM RD #108	HALEAH GARDENS, FL 33016
TD	GARCIA, MARIO G	10221 SW 27 ST.	MIAMI, FL 33165
SD	BARBA, MANUEL	9510 SW 30 TERR.	MIAMI, FL 33165
D	PEREZ, HERIBERTO	4260 SW 150 AVE.	MIAMI, FL 33185

10. 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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DESIDERIO SANCHEZ

9/21/2002

Date

(305) 558-2646
Daytime Phone #

CR2E081 (9/01)