| PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. APPLICATION FOR REINSTATEMENT POOD OO 1978 Secretary of State DIVISION OF CORPORATIONS DIVISION OF CORPORATIONS SAKER SCHOOL ALUMNI ASSOCIATION, INC. Mailing Address Mailing Address Mailing Address Moon Mokestado Road BAKER FL 3251 Mailing Address Moon Mokestado Road BAKER FL 3251 Mailing Address Moon Mokestado Road BAKER FL 3251 Mailing Address Mailing Addr | | PLEASE READ | ALL INST | RUCTIONS | BEFORE (| COMPLETI | NG THIS FOR! | VI. • | |
|--|---|-----------------------|-------------------------|---|--|---|---------------------------------------|---------------------------------------|--|
| SAKER SCHOOL ALUMNI ASSOCIATION, INC. Making Address Making | APPLICATION FLORIDA | | | A DEPARTMENT OF STATE Katherine Harris Secretary of State | | | FILED | | |
| POST OFFICE BOX 185 BAKER FL 32531 # above addresses are incorrect in any way, line through incorrect information and enter correction below. # above addresses are incorrect in any way, line through incorrect information and enter correction below. * New Principal Office Address. Applicable 3. New Mailing Office Address. Applicable 4. Deta hoorporated or Qualified # Dote hoorporated or Qualified Q4/07/1997 # Applied For New Principal Office Address. Applicable 5. FEI Number # Solite. City & State City & State # Country Zip Country Country | . Corpora | ition Name | | | | | | | |
| # Booke dearesses in Control of the Address, if Applicable 3. New Mailing Office Address, if Applicable 4. Data Incorporated or Qualified To Do Blueiness in Fordse Q4/07/1997 Applicable 5. FEI Number 59-2479270 Applicable | 6060 HOME | ESTEAD ROAD | E BOX 185 2531 | | | $\Delta \Delta$ | | | |
| Country Zip Country Certificate of status desired | New Principal Office Address, If Applicable 3. New Mailin | | | ng Office Address, If Applicable 4. Date 1 To Do etc. | | | orated or Qualified ess in Florida | 04/07/1997 | |
| Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Name of Officers and/or Directors 3 Officer and/or Director 4 City / State / Zip D SCHNEIDER, FLORRAGENE 8060 HOMESTEAD ROAD BAKER FL 32531 D WILKINSON, CHAD POST OFFICE BOX 317 BAKER FL 32531 D HENLEY, MARY A ROUTE 2, BOX 240 BAKER FL 32531 D MURPH, DAVID 6081 BUCK WARD ROAD BAKER FL 32531 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | | | | Govern 6. | | | | \$8.75. A Sittle of the feet requires | |
| Title(s) 2 and/or Directors 3 Officer and/or Director 4 City / State / Zip D SCHNEIDER, FLORRAGENE 6060 HOMESTEAD ROAD BAKER FL 32531 D WILKINSON, CHAD POST OFFICE BOX 317 BAKER FL 32531 D HENLEY, MARY A ROUTE 2, BOX 240 BAKER FL 32531 D MURPH, DAVID 6081 BUCK WARD ROAD BAKER FL 32531 1 0 0 0 0 0 7 1 7 5 1 - 5 - 12 / 15 / 99 - 01096 - 016 *****236, 25 *****236, 25 ******236, 25 ******236, 25 *******236, 25 ********236, 25 *********************************** | . Names | | d/or Director (Flo | | | | ····· | | |
| D WILKINSON, CHAD POST OFFICE BOX 317 BAKER FL 32531 D HENLEY, MARY A ROUTE 2, BOX 240 BAKER FL 32531 D MURPH, DAVID 6081 BUCK WARD ROAD BAKER FL 32531 1 0 0 0 3 0 7 1 7 5 1 5 -12/15/99 -01096 -016 *****236.25 *****236.25 8. Name and Address of Current Registered Agent Name SCHNEIDER, FLORRAGENE 6060 HOMESTEAD ROAD BAKER FL 32531 Suite, Apt. #, Etc. City State Zip Code FL Zip Code 10. 1, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. | Title(s) | and/or Directors | Officer and/or Director | | | | | | |
| D HENLEY, MARY A ROUTE 2, BOX 240 BAKER FL 32531 D MURPH, DAVID 6081 BUCK WARD ROAD BAKER FL 32531 1 0 0 0 0 7 1 7 5 1 5 -12/15/99 -01096 -016 *****236.25 *****236.25 ******236.25 ******236.25 ******236.25 ******236.25 *******236.25 *********************************** | D | SCHNEIDER, FLORRAGENE | 6060 HOMESTEAD ROAD | | | BAKER FL 32531 | | | |
| BAKER FL 32531 1 0 0 0 3 0 7 1 7 5 1 5 -12/15/99 01096 016 ****236.25 ****236.25 8. Name and Address of Current Registered Agent Name SCHNEIDER, FLORRAGENE 6060 HOMESTEAD ROAD BAKER FL 32531 Suite, Apt. #, Etc. City State Zip Code FL | D | WILKINSON, CHAD | | POST OFFICE BOX 317 | | | BAKER FL 32531 | | |
| SCHNEIDER, FLORRAGENE 6060 HOMESTEAD ROAD BAKER FL 32531 1. DDD 30717515 -12/15/9901096016 *****236.25 *****236.25 *****236.25 *****236.25 *****236.25 Street Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State Zip Code FL 1. DDD 30717515 -12/15/9901096016 *****236.25 | D | HENLEY, MARY A | ROUTE 2, BOX 240 | | | BAKER FL 32531 | | | |
| 8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent Name SCHNEIDER, FLORRAGENE 6060 HOMESTEAD ROAD BAKER FL 32531 Suite, Apt. #, Etc. City State Zip Code FL 10. 1, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. | D | MURPH, DAVID | 6081 BUCK WARD ROAD | | | BAKER FL 32531 | | | |
| 8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent Name SCHNEIDER, FLORRAGENE 6060 HOMESTEAD ROAD BAKER FL 32531 Suite, Apt. #, Etc. City State FL Zip Code FL 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. | | | | | | 10 | 0003071 -12/15/89 | 17515 01096-016 | |
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| BAKER FL 32531 Suite, Apt. #, Etc. City State Zip Code FL O. 1, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. | 6080 HOMESTEAD ROAD | | | | Street Address (P.O. Box Number is Not Acceptable) | | | | |
| 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. | | | | | | | | | |
| | | | | | l | | F | tate Zip Code | |
| REGISTERED AGENT MUST SIGN Dete 11-30-99 REGISTERED AGENT MUST SIGN | Signature d | 1 Dance. | Schr | ieider | ith and accept the | obligations of Secti | | .0-99 | |

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 ceth.

SIGNATURE: Blomagene & Sohn ender

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

KE