PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. 1 of 2

APPLICATION FOR REINSTATEMENT

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 DEC 14 AM 9:17

DOCUMENT # N98000000678

1. Corporation Name

ST.VINCENT DE PAUL SOCIETY OF CITRUS/HERNANDO COUNTIES, INC.

Principal Place of Business	Mailing Address
1291 KASS CIR. SPRING HILL FL 34608	ELSIE WHALEN 7067 WESTWIND STREET SPRINGHILL FL 34607

SAME

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.	1291 KASS CIRCLE Suite, Apt. #, etc.
City & State	City & State: SPRING HILL FL
Zip / Country	Zip: 34606 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 02/05/1998

5. FEI Number: 59-3495112 ☐ 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
~~S~~	~~FANTINE, RITA~~	~~6383 SHADYWOOD LN.~~	~~BROOKSVILLE FL 34602~~
T D	~~WHALEN, ELSIE~~ (TREAS) MARY ELLEN LYCZAK	~~7067 WESTWIND ST.~~ 4645 MARINER BLVD.	~~SPRINGHILL FL 34607~~ SPRING HILL FL 34609
DVP D	~~PEARSALL, LORETTA~~ (V. PRES) BROWER, MARVIN	~~34 PAGODA DR.~~ 5525 PILLAR AVE	~~HOMOSSASSA FL 34446~~ SPRING HILL FL 34608
S	PERRKINS, INA (SECRETARY)	2419 HIDDEN TRAIL DR.	SPRINGHILL FL 34606
			200004740012--0 -12/26/01--01103--024 *****61.25 *****61.25

8. Name and Address of Current Registered Agent

FRANK, ROBERT
1421 DEBORAH DRIVE
SPRING HILL FL 34609

9. Name and Address of New Registered Agent

Name: N/A

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

Suite, Apt. #, Etc.

City | State: FL | Zip Code

CR2E040 (8/01)

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: D SIGNATURE REQUIRED — Date: 11-15-01

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 (MARY ELLEN LYCZAK) — 11-15-01 — 688-3331

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

2042

St. Vincent de Paul Thrift Store
Citrus/Hernando Counties, Inc.
1291 Kass Circle
Spring Hill, Fl. 34606-4308
Tele: 352-688-3331 - Fax 352-688-3332

November 19, 2001

Department of State
Divisions of Corporations
Reinstatement Division
P.O. Box 6327
Tallahassee, Florida 32314

Re: Reinstatement St. Vincent de Paul Societies of Citrus/Hernando Counties, Inc. 2001
Document #N98000000678

Dear Sirs:

Our 2001 tax bill was mailed to an incorrect address. (See enclosed form) Our correct billing address is: St. Vincent de Paul, 1291 Kass Circle, Spring Hill, Florida 34606

As instructed per my conversation with a representative of your department today, I am enclosing a check for $61.25 to cover the cost of reinstatement for St. Vincent de Paul Society.

Sincerely,

Marvin Brower

Marvin Brower
Vice President