

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 NOV 16 AM 11:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N98000000704

1. Corporation Name

Saint Paul's Episcopal Church Foundation, Inc.

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

10 West King Street

Suite, Apt. #, etc.

3. Mailing Office Address

10 West King Street

Suite, Apt. #, etc.

City & State

Quincy, FL

City & State

Quincy, FL

Zip
32351

Country
USA

Zip
32351

Country
USA

200112375812
11/16/07--01024--011 **236.25
REINSTATEMENT
CF2E081 (1/07)

4. Date Incorporated or Qualified
To Do Business in Florida

09/14/98

5. FEI Number

591576254

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
Blucher B. Lines

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

Suite, Apt. #, Etc.

City
Quincy

State
FL

Zip Code
32351

☐ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

Date 11/15/07

REGISTERED AGENT MUST SIGN

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
P	James R. Auman	219 North Duval Street	Quincy, FL 32351
D	Blucher B. Lines	121 North Madison Street	Quincy, FL 32351
S/D	Arlene R. Duncan	4850 Pat Thomas Parkway	Quincy, FL 32351
D	John Malloy	450 Collins Road	Havana, FL 32333

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 contained in Chapter 119, 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:

Blucher B. Lines
Blucher B. Lines
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/15/07

850.875.1300

Date

Daytime Phone #