

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 APR -8 PM 3:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N98000001664

1. Corporation Name

Saint Ambrose Home and School Association, Inc.

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

363 SE 12th Ave.

3. Mailing Office Address

363 SE 12th Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Deerfield Beach, FL

City & State

Deerfield Beach, FL

Zip

33441

Country

USA

Zip

33441

Country

USA

4. Date Incorporated or Qualified To Do Business in Florida

1998

5. FEI Number

59-1292598

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

Charles J. Marchitello, Jr.

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

363 SE 12th Ave.

Suite, Apt. #, Etc.

City

Deerfield Beach

State

FL

Zip Code

33441

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

REGISTERED AGENT MUST SIGN

Date 3/31/2009

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	Janet Behan	363 SE 12th Ave.	Deerfield Beach, FL 33441
T	Charles J. Marchitello, Jr	363 SE 12th Ave.	Deerfield Beach, FL 33441
VP	Joanne Regan	363 SE 12 Ave	Deerfield Beach, FL 33441

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:

Charles J. Marchitello, Jr.

3/31/09

954-426-1180

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/8a