PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 JUL 30 PM 2:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N98000004878

REINSTATEMENT 00-04

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08/02/04--01069--010 **481.25

1. Corporation Name
Sacred Heart, St. Peregine Conference of St. Vincent de Paul, Inc.

2. Principal Office Address	3. Mailing Office Address
2825 S.W. 3rd. Terr	P.O. Box 1515
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Okeechobee, FL	City & State: Okeechobee, FL
Zip: 34974 Country: USA	Zip: 34974 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 8/24/98

5. FEI Number: N/AE — Applied For ☐ Not Applicable ☒

6. CERTIFICATE OF STATUS DESIRED ☐

7. Name and Address of Current Registered Agent

Name: Elinor A. Sevigny
Street Address (P.O. Box Number is Not Acceptable): 1307 S. Parrott Ave.
Suite, Apt. #, Etc.: Lot 57
City: Okeechobee State: FL Zip Code: 34974

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: Elinor A Sevigny Date: 7/29/04
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
PD	Margaret Froggatt	1225 N.E. 42nd Terr.	Okeechobee, FL 34972
TD	Betty Polster	702 N.W. 10th Ave.	Okeechobee, FL 34972
S.D	Elinor A. Sevigny	1307 S. Parrott Ave.	Okeechobee, FL 34974
D	Jack Solloway	4425 S. Hwy 441	Okeechobee, FL 34974
D	Susan Solloway	4425 S. Hwy 441	Okeechobee, FL 34974

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: Elinor A. Sevigny 7/29/04 863-467-1171
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E081 (01/04)