

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

DOCUMENT # N98000006849

1. Corporation Name

ST. ALBAN'S EPISCOPAL EDUCATION FUND, INC.

Principal Place of Business

Mailing Address

C/O REV. ADRIAN PARRY  
5838 S.W. 74TH TERRACE, #315  
MIAMI FL 33143

C/O REV. ADRIAN PARRY  
5838 S.W. 74TH TERRACE, #315  
MIAMI FL 33143

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.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

12/04/1998

5. FEI Number

650880231

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

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
PD	PARRY, REV. ADRIAN	11301 OLD CUTTER RD.	MIAMI FL 33156
SD	GROTHAUS, PETER DR.	C/O SCOTT & WHITE, 2401 S. 31ST	TEMPLE TX 76508
SD	NUPEN, GRANT	PRIVATE BAG X01, LYNWOOD RIDGE	PRETORIA, SOUTH AFRICA 0040

000003082210--0  
-12/28/98-01071-006  
\*\*\*\*236.25 \*\*\*\*236.25

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

RAYMOND, J. PAUL  
625 COURT STREET, SUITE 200  
CLEARWATER FL 33756

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

12/18/99

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 on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/18/99

Date

305 251 2230

Daytime Phone #