

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION  
FOR  
REINSTATEMENT**



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

01 NOV -1 PM 4:39

**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



**REINSTATEMENT 01**

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		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		12/04/1998	
City & State		City & State		5. FEI Number	
Zip		Zip		65-0880231	
Country		Country		Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$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
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
			300004698883--5 -11/29/01--01070--010 ****245.00 ****245.00

8. Name and Address of Current Registered Agent

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

9. Name and Address of New Registered Agent

Name		
Street Address (P.O. Box Number is Not Acceptable)		
Suite, Apt. #, Etc.		
City	State	Zip Code
	<b>FL</b>	

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

10/30/01

**AD**

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**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/26/01

Date

Daytime Phone #

305 - 969 - 4252

CR2E040 (8/01)