## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

211 N. Monroe Street  Suite, Apt. #, etc.  Suite, Apt. #, etc.  4. Date Incorporated or Qualified To Do Business in Florida  O2/11/99  City & State Tallahassee, FL  Tallahassee, FL  Applied For X Not Applical	ł
2. Principal Office Address 211 N. Monroe Street  Suite, Apt. #, etc.  212 Suite, Apt. #, etc.  213 N. Monroe Street  Suite, Apt. #, etc.  214 Date Incorporated or Qualified To Do Business in Florida  324 Date Incorporated or Qualified To Do Business in Florida  325 FEI Number  Applied For X Not Application at Fee required at Suite Applied For Suite Ap	ł
2. Principal Office Address 211 N. Monroe Street  Suite, Apt. #, etc.  City & State Tallahassee, FL  Zip 32301  Country USA  3. Mailing Office Address 211 N. Monroe Street  Suite, Apt. #, etc.  4. Date Incorporated or Qualified To Do Business in Florida 02/11/99  5. FEI Number  Applied For X Not Applied  Country USA  Country USA  CERTIFICATE OF STATUS DESIRED   \$3.75 Addit onal Fee required for a Certificate of State  CERTIFICATE OF STATUS DESIRED   \$3.75 Addit onal Fee required for a Certificate of State  CERTIFICATE OF STATUS DESIRED   Solve Address  CERTIFICATE OF STATUS DESIRED   Country (for a Certificate of State)	
2. Principal Office Address 211 N. Monroe Street  Suite, Apt. #, etc.  City & State Tallahassee, FL  Zip 32301  Country USA  3. Mailing Office Address 211 N. Monroe Street  Suite, Apt. #, etc.  4. Date Incorporated or Qualified To Do Business in Florida 02/11/99  5. FEI Number  Applied For X Not Applied  Country USA  Country USA  CERTIFICATE OF STATUS DESIRED   \$3.75 Addit onal Fee required for a Certificate of State  CERTIFICATE OF STATUS DESIRED   \$3.75 Addit onal Fee required for a Certificate of State  CERTIFICATE OF STATUS DESIRED   Solve Address  CERTIFICATE OF STATUS DESIRED   Country (for a Certificate of State)	
Suite, Apt. #, etc.  Suite, Apt. #, etc.  4. Date Incorporated or Qualified To Do Business in Florida 02/11/99  City & State Tallahassee, FL  Zip 32301  Country USA  Suite, Apt. #, etc.  4. Date Incorporated or Qualified To Do Business in Florida 02/11/99  To Do Business in Florida 02/11/99  5. FEI Number  Applied For X Not Applied For X Not Applied For X Not Applied For X Not Applied For Applied For X Not Applied For X No	<u>k</u>
City & State Tallahassee, FL  Zip 32301  Country USA  City & State Tallahassee, FL  Country USA	
City & State Tallahassee, FL  Zip 32301  Country USA  City & State Tallahassee, FL  Tallahassee, FL  S. FEI Number  Applied For X Not Applied For X Not Applied For X Not Applied For Certificate of Status Desired  for a Certificate of Status  Country USA  Certificate of Status  Sample For Applied For X Not Applied For Appli	
Zip 32301 Country USA Zip 32301 USA CERTIFICATE OF STATUS DESIRED State of	_
7. Name and Address of Current Registered Agent	uirec
Name Reverend Eric Dudley	
Streel Address (P.O. Box Number is Not Acceptable)  211 North Monroe Street  -03/08/020106303	3 20
Suite, Apt. #, Etc. ******358。('S *****358	
Tallahassee State Zip Code FL 32301	
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 Wish Date 25 7eb 2002  REGISTERED AGENT MUST SIGN	=
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)	1
Titles Name of Street Address of Each Officers and/or Directors Officer and/or Director City / State / Zip	
T/D TOM PERKINS 2011 Lee Avenue Tallahassee, FL 32312	
Ch/D MARY CALL PROCTOR 523 Woodfern Court Tallahassee, FL 32312	
S/D JOHN THOMAS 1430 Millstream Road Tallahassee, FL 32312	╝
D MICHAEL FIELDS 770 N. Lakeshore Drive Tallahassee, FL 32312	
D GEORGE LANGFORD 837 Lake Ridge Drive Tallahassee, FL 32312	
D PALMER PROCTOR 523 Woodfern Court Tallahassee, FL 32312	
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 indicate on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.  MARY CALL PROCTOR  SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  Date  Date  Dayline Phone #	, <b>1</b>

## **CORPORATION REINSTATEMENT** ST. JOHN'S EPISCOPAL CHURCH FOUNDATION, INC.

Item 9 (continued):

D FRANK SHAW, JR. 4024 N. Meridian Rd.

Tallahassee, FL 32312