

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

05 NOV 16 AM 4:31

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N99000005657

**1. Corporation Name**

ST. FRANCIS OF ASSISI CATHOLIC SCHOOL FOUNDATION,  
INC.

**2. Principal Office Address**

11891 US Highway One

Suite, Apt. #, etc.  
Ste. 100

**City & State**

North Palm Beach

**Zip**

33408

**Country**

USA

**3. Mailing Office Address**

11891 US Highway One

Suite, Apt. #, etc.

Ste. 100

**City & State**

North Palm Beach

**Zip**

33408

**Country**

USA

CR2E081 (8/05)

**4. Date Incorporated or Qualified  
To Do Business in Florida**

9/22/99

**5. FEI Number**

☐ 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**

Robert C. Hackney Professional Limited Company

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

11819 US Highway One

**Suite, Apt. #, Etc.**

Ste. 100

**City**

North Palm Beach

**State**

FL

**Zip Code**

33408

**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

*[Signature]*

Date

11/7/05

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
D	ROBERT C. HACKNEY	4119 Lakeside Cir. S.	Palm Beach Gardens FL
D	KAREN LAMPE	10689 Hidden Lake Cir.	Palm Bch Gardens 33410
D	RICK MCKENNA	11891 U.S. Highway One Ste 100	NPB FL 33408

**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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert C. Hackney

Date

11/7/05

Daytime Phone #

561 622-2700