

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # P93000070388

1. Corporation Name

ST. JOE CENTER, INC.

Principal Place of Business

76-36 265TH STREET
NEW HYDE PARK NY 11040

Mailing Address

76-36 265TH STREET
NEW HYDE PARK NY 11040

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

84 COMANCHE CT.

Suite, Apt. #, etc.

City & State

PALM COAST FL

Zip

32137

Country

3. New Mailing Office Address, If Applicable

84 COMANCHE CT.

Suite, Apt. #, etc.

City & State

PALM COAST FL

Zip

32137

Country

4. Date Incorporated or Qualified
To Do Business in Florida

10/11/1993 SP

5. FEI Number

59-3210159

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	SZYMANSKI, SR. R	84 COMANCHE CT.	PALM COAST FL 32137
VPS	DATT, KRISHAN	76-36 265TH STREET	NEW HYDE PARK NY 11040
S	DATT, NEERAJ	76-36 265TH STREET	NEW HYDE PARK NY 11040

800003533688--4
-01/11/01--01103--008
*****750.00 *****750.00

8. Name and Address of Current Registered Agent

SZYMANSKI, RONALD J
84 COMANCHE CT.
PALM COAST FL 32137

9. Name and Address of New Registered Agent

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

Ronald J. Szymanski
REGISTERED AGENT MUST SIGN

Date 12-28-00

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:

Ronald J. Szymanski, Sr.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12-28-00

Daytime Phone #

(904.446.6984)