

APPLICATION
FOR
REINSTATEMENT



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

FILED

01 MAR 16 AM 11:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000044271

1. Corporation Name

ST. CHRISTOPHER'S ADMISSIONS CORP.

Principal Place of Business

Mailing Address

700 MISTY PINE CIR. SUITE 206G
NAPLES FL 34105

700 MISTY PINE CIR. SUITE 206G
NAPLES FL 34105

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

2. New Principal Office Address, If Applicable
801 12TH AVENUE SOUTH

3. New Mailing Office Address, If Applicable
801 12TH AVENUE SOUTH

Suite, Apt. #, etc.
SUITE 203

Suite, Apt. #, etc.
SUITE 203

City & State
NAPLES, FLORIDA

City & State
NAPLES, FLORIDA

Zip	34102	Country	USA
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Zip	34102	Country	USA
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4. Date Incorporated or Qualified To Do Business in Florida

05/14/1999

5. FBI Number
65-0919320

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	Street Address of Each Officer and/or Director	City / State / Zip
PRES.	PAUL LEONE	700 MISTY PINE CIRCLE # 206 NAPLES, FL 34105	NAPLES, FL 34105
TREASURER	FIROZ SHAIKH	801, 12TH AVENUE SOUTH # 203 NAPLES, FL 34102	NAPLES, FL 34102
SECRETARY	TRICIA PANELLA	700 MISTY PINE CIRCLE # 206 NAPLES, FL 34105	NAPLES, FL 34105

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***908.75 ***908.75

8. Name and Address of Current Registered Agent

SHAIKH, FIROZ A
700 MISTY PINE CIR, SUITE 206G
NAPLES FL 34105

9. Name and Address of New Registered Agent

Name FIROZ SHAIKH

Street Address (P.O. Box Number is Not Acceptable)
801 12TH AVENUE SOUTH

Suite, Apt. #, Etc.
SUITE 203

City NAPLES

State FL	Zip Code 34105
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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

REGISTERED AGENT MUST SIGN

Date 3/14/01

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/14/01 (944) 263-9300
Date Daytime Phone #

Date _____

Daytime Phone #