

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

04 MAY -6 PM 2:59

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P 99000044271

1. Corporation Name  
ST. CHRISTOPHER'S ADMISSION CORP.  
E.

2. Principal Office Address

PO Box 7038

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

NAPLES FL

City & State

Zip

34103

Country

US

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

5-14-99

5. FEI Number

65-0919320

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

FEEL CATHERINE M. FOSTH CPA

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

1008 GOODLETTE RD N #204  
00035722487

Suite, Apt. #, Etc.

05/06/04--01067--033 \*\*1050.00

City

NAPLES

State  
FL

Zip Code

34102

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]*

REGISTERED AGENT MUST SIGN

Date

4-29-04

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
P	PAUL LEONE	P.O. BOX 7038	NAPLES, FL 34101
S	TRICIA LEONE	P.O. BOX 7038	NAPLES, FL 34101
T	FIROZ SHAIKH	P.O. BOX 7038	NAPLES, FL 34101

REINSTATEMENT 02-04

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 TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PAUL LEONE, PRES.

4.30.04

Date

239 293-2005

Daytime Phone #

CR2E081 (01/04)