

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

01 APR 30 PM 2:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000099809

1. Corporation Name
CASA DE LOYOLA, INC.

2. Principal Office Address
1915 ROBALO ROAD

Suite, Apt. #, etc.
N/A

City & State
VERO BEACH, FLORIDA

Zip
32960

Country
U.S.

3. Mailing Office Address
1915 ROBALO ROAD

Suite, Apt. #, etc.
N/A

City & State
VERO BEACH, FLORIDA

Zip
32960

Country
U.S.

4. Date Incorporated or Qualified
To Do Business in Florida 11/15/1999

5. FEI Number
65-0961615

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
KEVIN S. DOTY

Street Address (P.O. Box Number is Not Acceptable)
1701 HIGHWAY A1A

Suite, Apt. #, Etc.
SUITE 220

City
VERO BEACH

State
FL

Zip Code
32963

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

Date 19 April 2001

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	ASH MASCARENHAS	1915 ROBALO DRIVE	VERO BEACH, FL 32960
			400004242364--6 -05/17/01--01076--010 ****300.00 ****300.00

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

19 April 2001 561.473.9762

Date

Daytime Phone #

CR2E081 (9/00)