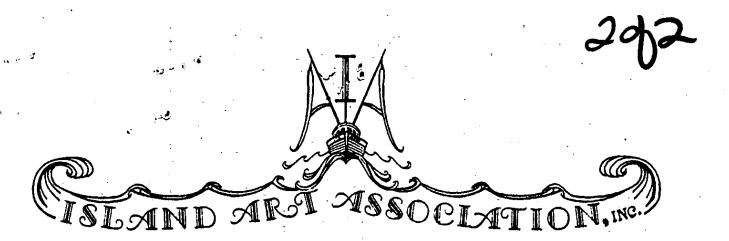
PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FOR FILED TEMENT 00 DEC 18 PM 3: 20 DIVISION OF CORPORATIONS N00453 DOCUMENT # SECRETARY OF STATE TAILAHASSEE, FLORIDA 1. Corporation Name ISLAND ART ASSOCIATION, INC. Principal Place of Business Mailing Address 205 CENTRE STREET 205 CENTRE STREET POST OFFICE BOX 1251 POST OFFICE BOX 1251 FERNANDINA BEACH FL 32034 FERNANDINA BEACH FL 32034-1251 500003575815 If above addresses are incorrect in any way, line through incorrect information and enter correction below. -01/26/01--01017--009 2. New Principal Office Address, If Applicable 3. New Mailing Office Address, If Applicable 4. Date Incorporated or 和神神中日1.25 To Do Business in Florida *****61.25 12/19/1983 Suite, Apt. #, etc. Suite, Apt. #, etc. _ Applied For__ 59-2353054 City & State -. City & State Not Applicable: 6. \$8.75 Additional Fee required for a Certificate of Status Zip Country Zip Country CERTIFICATE OF STATUS DESIRED 7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Name of Officers Street Address of Each Officer and/or Director ٠٠, Title(s) City / State / Zip PD PIGG-LUTHER R-E/13Abs/2 Dion 1630-OCEAN-FOREST DR FERNANDINA BEACH FL 32034 2740-BOKLAWAHA AVE VD INGUS. USA YULEE FL 32097 KGN MODILE ďď 4965 SPANISH DAKS CIR AMELIA ISLAND FL 32034 6 Lt HOUSE TD 4461 PINEY ISLAND CT FERNANDINA BEACH FL 32034 SD FERNANDINA BEACH FL 32034 8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent BACHMAN CHAR 205 CENTRE STREET 10. I, being appointed the registered agent of the above named corporation, an familiar with and accept the obligations of Section 607.0505, F.S. Signature of Registered Agent 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 filling 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. ...



October 19, 2000

Division Of Corporations

Annual Report/Reinstatement Section
PO Box 6327

Tallahassee FL. 32314-6327

We are a non profit and all of our paper work is done by volunteers, including the receipt of the mail.

We did not receive the forms that were sent and no one knew to ask for them or when they should be mailed.

I am enclosing a check for the amount that was required of \$61.25 and asking that you will reinstate our corporation without causing us to pay the reinstatement fee.

Thank you for your understanding in this matter.

Sincerely

Joe Winston . Volunteer