

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION FOR REINSTATEMENT



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

2000 WBL

FILED 1982

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N00453

1. Corporation Name

ISLAND ART ASSOCIATION, INC.

Principal Place of Business

205 CENTRE STREET
POST OFFICE BOX 1251
FERNANDINA BEACH FL 32034

Mailing Address

205 CENTRE STREET
POST OFFICE BOX 1251
FERNANDINA BEACH FL 32034-1251
US

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

Handwritten initials



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-01/26/01--01017--009

4. Date Incorporated or To Do Business in Florida
*****61.25
12/19/1983

5. FEI Number
59-2353054

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	PIGG, LUTHER R - ELIZABETH DION	4630 OCEAN FOREST DR - 2740-B OKLAWAHA AVE	FERNANDINA BEACH FL 32034
VD	INGLIS, LISA - EIKEN MOORE	2222 PAMELA RD - 208 So 7th St	YULEE FL 32097
VD	MOSING, PAUL - KAREN McFadyen	4908 SPANISH OAKS CIR - 316 Lt HOUSE LN	AMELIA ISLAND FL 32034
TD	COOPER, JOHN E - JOSEPH S WINSTON	4461 PINEY ISLAND CT PO BOX 1737	FERNANDINA BEACH FL 32034
SD	CROSS, SHERRY - ANN McHAYAN	631 TARPON AVE #6320 - 609 Little Piney Is Pt	FERNANDINA BEACH FL 32034

8. Name and Address of Current Registered Agent

BACHMAN, CHAR
205 CENTRE STREET
PO BOX 1251
FERNANDINA BEACH FL 32034

JOSEPH S WINSTON
PO Box 1737
F.B. FL 32035

9. Name and Address of New Registered Agent

Name JOSEPH WINSTON
Street Address (P.O. Box Number is Not Acceptable)
PO BOX 1737 (1251)
Suite, Apt. #, Etc. 205 CENTRE ST
City FB State FL Zip Code 32034

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

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date 10-18-00

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
KAREN A. McFadyen 2nd Vice President

Date 11/13/2000

Daytime Phone #

CR2E040 (8/00)

292



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

A handwritten signature in cursive script that reads 'Joe Winston'.

Joe Winston
Volunteer