

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

10 MAR -1 AM 9:40

DOCUMENT #

N 0200000 1189

1. Corporation Name

SANIBEL-CAPTIVA ART LEAGUE, INC

**REINSTATEMENT 05-10**

700171232937  
03/04/10--01006--012 \*\*367.50  
CR2E081 (1/09)

2. Principal Office Address - No P.O. Box #

1004 E. GULF DR

3. Mailing Office Address

PO BOX 1192

Suite, Apt. #, etc.

N/A

Suite, Apt. #, etc.

City & State

SANIBEL FL

City & State

SANIBEL FL

Zip

33957

Country

USA

Zip

33957

Country

USA

4. Date Incorporated or Qualified To Do Business in Florida

2-13-02

5. FEI Number

03-0388353

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

CAROLYN JOHNS

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

3273 TWIN LAKES LANE

Suite, Apt. #, Etc.

N/A

City

SANIBEL

State

FL

Zip Code

33957

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

700171232937  
03/04/10--01006--013 \*\*8.75

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

*Carolyn Johns*  
REGISTERED AGENT MUST SIGN

Date

2/19/10

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	PETER ZELL	1004 E. GULF DR	SANIBEL FL 33957
S	MARCY CALKINS	1410 ALBATROSS RD	SANIBEL FL 33957
T	GERARD HELLMAN	1119 PERIWINKLE WAY II	SANIBEL FL 33957
D	VERONICA JENNS	3273 TWIN LAKES LANE	SANIBEL FL 33957
D	RITA LAIN	7072 SPOTTED FAWN CT	FORT MYERS FL 33908
D	BETTY WEISS	1774 BUNTING LN	SANIBEL FL 33908

10. E-mail Address:

pbzell@aol.com

(To be used for future annual report notification)

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, I further certify, 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:

*MJ*

PRESIDENT

2/22/10

239-395  
2122

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

KS