PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 NOV 24 PM 12:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N16536

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REINSTATEMENT 03

1. Corporation Name
FRIENDS of the NAVARRE Community Library, Inc

2. Principal Office Address	3. Mailing Office Address
8484 JAMES HARVELL Rd	P.O. BOX 5268
Suite, Apt. #, etc.	Suite, Apt. #, etc.
NAVARRE FL	NAVARRE FL
Zip: 32566 Country: SANTA ROSA	Zip: 32566 Country: SANTA ROSA

4. Date Incorporated or Qualified To Do Business in Florida 08/19/86

5. FEI Number 59-3146677 ☐ 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: JUDITH ERTL

Street Address (P.O. Box Number is Not Acceptable): 2542 VALLEY Rd

000024979720
11/24/03--01094--010 **183.75

Suite, Apt. #, Etc.

City: NAVARRE | State: FL | Zip Code: 32566

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: Judith Ertl — Date: 11-20-03
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
P	NANCY SANDLER	1905 Williams Creek Dr	NAVARRE, FL 32566
V	WALTER WAYNER	7031 PRO AM CT	NAVARRE, FL 32566
S	PATT STEWART	2236 KERRA LANE	NAVARRE, FL 32566
T	JUDITH ERTL	2542 VALLEY Rd	NAVARRE, FL, 32566

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: Nancy A. Sandler — 11-20-03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

P.O. Box 5268
Navarre, FL 32566

November 20, 2003

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Waiver of reinstatement fees

To Whom It May Concern;

I am the current treasurer of the Friends of the Navarre Community Library. During an audit of the books we discovered that no Uniform Business Report was filed for 2001. I checked your web site and found the corporation was inactive as of 09/21/01. At the time the 2001 would have been mailed the old P.O. Box was no longer active, the Library moved into its new location and there was a new board elected for the Friends. As a result of all these events the 2001 report was never received.

I would like to ask that the reinstatement fee be waived. I am enclosing the reinstatement form and the prior year's fees.

Sincerely,

Judith Ertl

Judith Ertl
Treasurer
Friends of the Navarre Library
(850)939-3985