

110.50
1277.50

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 AUG -9 AM 8:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 700808

1. Corporation Name

Fort Pierce Arts League, Inc.

WOU - 29254

REINSTATEMENT 86-04

2. Principal Office Address

4004 Milton Rd

Suite, Apt. #, etc.

3. Mailing Office Address

same

Suite, Apt. #, etc.

City & State

Fort Pierce, Florida

City & State

Zip

Country

Zip

Country

34950

4. Date Incorporated or Qualified
To Do Business in Florida

April 14, 1960

5. FEI Number

59-3075234

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

Mrs. Leonard Berg

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

3401 South Indian River Dr.

200039483442

07/23/04--01056--005 **1285.25

Suite, Apt. #, Etc.

City

Fort Pierce

State

FL

Zip Code

34950

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

Peggy W. Berg

Date July 11, 2004

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	Mrs Douglas N. Taylor	107 N. Sheridan Ln.	Jensen Beach, FL 34597
DP	Mrs Leonard (Peggy) Berg	3401 S. Indian River Dr	Fort Pierce, FL 34950
D	Anne Wilder	1705 York Ct.	Fort Pierce, FL 34950
DT	Robert Terry	4004 Milton Rd	Fort Pierce, FL 34950

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)(f), 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:

Peggy W. Berg

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

772-464-5017

CR2E081 (01/04)