

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

<p>APPLICATION FOR REINSTATEMENT</p>		<p>FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS</p>		<p style="text-align: center;">APPROVED AND FILED</p> <p style="text-align: center;">1997 JAN 10 AM 9:29</p> <p style="text-align: center;">SECRETARY OF STATE TALLAHASSEE, FLORIDA</p> <p style="text-align: center;">200002059522--7 -01/15/97--01086--013 ****323.75 ****323.75</p> <p style="text-align: center; font-size: 1.5em;">REINSTATEMENT</p> <p style="text-align: center; font-size: 0.8em;">DO NOT WRITE IN THIS SPACE</p>																													
<p>DOCUMENT # 701592</p>																																	
<p>1. Corporation Name DUVAL BEACHES' FINE ARTS GUILD, INC.</p>																																	
<p>Principal Place of Business 319 N. First Street Jacksonville Beach, FL 32250</p>				<p>Mailing Address WAG-17777</p>																													
<p>If above addresses are incorrect in any way, line through incorrect information and enter correction below.</p>																																	
<p>2. New Principal Office Address, If Applicable</p>		<p>3. New Mailing Address, If Applicable</p>		<p>4. Date Incorporated or Qualified To Do Business in Florida October 25, 1960</p>																													
<p>Suite, Apt. #, etc.</p>		<p>Suite, Apt. #, etc.</p>		<p>5. FEI Number 59-65-11401</p>																													
<p>City & State</p>		<p>City & State</p>		<p><input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable</p>																													
<p>Zip Country</p>		<p>Zip Country</p>		<p>6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status</p>																													
<p>7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;">Title(s)</th> <th style="width: 30%;">Name of Officers and/or Directors</th> <th style="width: 30%;">Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)</th> <th style="width: 30%;">City / State / Zip</th> </tr> </thead> <tbody> <tr> <td>Treasurer</td> <td>Sharla Barstow</td> <td>301 2nd Street</td> <td>Neptune Beach, FL 32266</td> </tr> <tr> <td>Gallery Director</td> <td>Rebecca Gross</td> <td>1283 Sunapee AVE.</td> <td>Atlantic Beach, FL 32233</td> </tr> <tr> <td>Board</td> <td>Vartan Bongakian</td> <td>3908 Stillwood Dr</td> <td>Jacksonville, FL 32257</td> </tr> <tr> <td>President</td> <td>Betsy Pender</td> <td>426 Sandiron Circle</td> <td>Ponte Vedra Beach, FL 32082</td> </tr> <tr> <td>Board</td> <td>Alice Gartland</td> <td>1140 Seminole Rd.</td> <td>Atlantic Beach, FL 32233</td> </tr> <tr> <td>Board</td> <td>Margo Buccini</td> <td>206 Marsh Cove Ln.</td> <td>Ponte Vedra Beach, FL 32082</td> </tr> </tbody> </table>						Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip	Treasurer	Sharla Barstow	301 2nd Street	Neptune Beach, FL 32266	Gallery Director	Rebecca Gross	1283 Sunapee AVE.	Atlantic Beach, FL 32233	Board	Vartan Bongakian	3908 Stillwood Dr	Jacksonville, FL 32257	President	Betsy Pender	426 Sandiron Circle	Ponte Vedra Beach, FL 32082	Board	Alice Gartland	1140 Seminole Rd.	Atlantic Beach, FL 32233	Board	Margo Buccini	206 Marsh Cove Ln.	Ponte Vedra Beach, FL 32082
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<p>8. Name and Address of Current Registered Agent</p>			<p>9. Name and Address of New Registered Agent</p>																														
<p>Name</p>			<p>Name Sharla T. Barstow</p>																														
<p>Street Address (P.O. Box Number is Not Acceptable)</p>			<p>Street Address 301 2nd Street</p>																														
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<p>State</p>			<p>State FL</p>																														
<p>Zip Code</p>			<p>Zip Code 32266</p>																														
<p>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.</p> <p>Signature of Registered Agent Sharla Barstow REGISTERED AGENT MUST SIGN Date Aug 20, 1996</p> <p style="text-align: right;">Revised Jan 9, 1997 STB</p>																																	
<p>11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> (See other side for information on intangible tax.)</p>																																	
<p>12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.</p>																																	
<p>SIGNATURE: Sharla Barstow Sharla Barstow Date Aug 20, 96 (904) 241-0557</p> <p style="text-align: center; font-size: 0.8em;">SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</p>																																	

CRCE040 (12/95)