

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR **97-99** REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **701592**

1. Corporation Name
DUVAL BEACHES FINE ARTS GUILD, INC.
W99-11113

99 JUN 21 AM 10:39

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
**319 1ST ST., N.
JACKSONVILLE BEACH, FL 32250**

Mailing Address
400 SANDIRON CI. (#426) PONTE VEDRA, FL 32082

REINSTATEMENT 97-99

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		4. Date Incorporated or Qualified To Do Business in Florida	
		400 SANDIRON CIR. (#426)		10-25-60	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number	
				59-6511401	
City & State		City & State		Applied For	
		PONTE VEDRA, FL 32082		Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED 2 \$8.75 Additional Fee required for a Certificate of Status	
			ST. JOHNS		

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P/D	SHARLA BARSTOW	301 2D STREET	NEPTUNE BEACH, FL 32266
S/D	BETSEY PENDER	400 SANDIRON CIR. (#426)	PONTE VEDRA, FL 32082
T/D	LESLIE PALMER	12848 Daybreak Ct., W.	Jacksonville, FL 32224
			300002918699-7 -06/29/99--01057--018 *****78.75 *****78.75
			300002918699-7 -06/29/99--01057--018 *****306.25 *****306.25
			LS

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
SHARLA T. BARSTOW 301 2D STREET NEPTUNE BEACH, FL 32266		Name RICHARD CLINTON KEENE, ATTORNEY Street Address (P.O. Box Number is Not Acceptable) 800-C THIRD STREET Suite, Apt. #, Etc. City NEPTUNE BEACH, FL State FL Zip Code FL 32266	

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 **RCK** *Richard Clinton Keene* Date **APRIL 28, 1999**

REGISTERED AGENT MUST SIGN **FDN-0793957**

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes ☐ No ☒ **N/A** (See other side for information on intangible tax.)

12. 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: **BETSEY PENDER** *Betsy Pender* (904)273-0495
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR APRIL 29, 1999 Date Daytime Phone #