

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2005 OCT 19 PM 3:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 706295

1. Corporation Name

Fine Arts Society, Inc.

2. Principal Office Address

*40 Gulf Coast Museum of Art
12211 Walsingham Rd.
Suite, Apt. #, etc.*

3. Mailing Office Address

*40 Gulf Coast Museum of Art
12211 Walsingham Rd.
Suite, Apt. #, etc.*

City & State

Largo, FL

Zip

33778

Country

USA

City & State

Largo, FL

Zip

33778

Country

USA

REINSTATEMENT

89-05

**4. Date Incorporated or Qualified
To Do Business in Florida**

5. FEI Number

59-1917012

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 Lawton, Treasurer*

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

40 Gulf Coast Museum of Art, 12211 Walsingham Rd.

Suite, Apt. #, Etc.

City

Largo

State

FL

Zip Code

33778

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 Lawton

REGISTERED AGENT MUST SIGN

Date *10-17-2005*

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	<i>Lois O'Donnell</i>	<i>14524 Neptune Rd.</i>	<i>Seminole, FL 33776</i>
V-1	<i>Judith McSwine</i>	<i>602 Lime Ave. #102</i>	<i>Clearwater, FL 33756</i>
V-2	<i>Catherine Sullivan</i>	<i>8 Bellevue Blvd. #804</i>	<i>Belleair, FL 33756</i>
S-Rec	<i>Sherrie Morton</i>	<i>410 Poinsettia Rd.</i>	<i>Belleair, FL 33756</i>
S-Cor	<i>Gretchen Vanderhaaf</i>	<i>7706 Belleair Forest Dr. #322</i>	<i>Belleair, FL 33756</i>
T	<i>Carolyn Lawton</i>	<i>717 Wilkie St.</i>	<i>Dunedin, FL 34698</i>
T-Ass	<i>Robert Lutz Christenson</i>	<i>2924 Eagle Estates Cir. S.</i>	<i>Clearwater, FL 33761</i>

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:

Carolyn Lawton *Carolyn Lawton*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-17-05 727-733-2903

Date

Daytime Phone #

11/1 w