


850-245-6059 opt. 4

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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|---|-----------------------------------|--|-----------------|--|--|
| CORPORATION REINSTATEMENT | |  FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS | | FILED 10 FEB 26 PM 1:36 SECRETARY OF STATE TALLAHASSEE, FLORIDA 09/09 700170688037 02/26/10--01030--010 **122.50 CR2E081 (11/09) | |
| DOCUMENT # 700417 | | | | REINSTATEMENT | |
| 1. Corporation Name Le Moyne Art Foundation, Inc. | | | | | |
| 2. Principal Office Address - No P.O. Box # 125 N Gadsden St. | | 3. Mailing Office Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State Tallahassee, FL | | City & State | | | |
| Zip 32301 | Country USA | Zip | Country | | |
| 4. Date Incorporated or Qualified To Do Business in Florida 11/13/1963 | | 5. FEI Number 596166275 | | | |
| 6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> | | \$8.75 Additional Fee required for a Certificate of Status | | | |
| 7. Name and Address of Current Registered Agent Name Kelly Dozier Street Address (P.O. Box Number is Not Acceptable) 2101 East Randolph Circle Suite, Apt. #, Etc. City Tallahassee | | | | | |
| State FL | | | | | |
| Zip Code 32308 | | | | | |
| 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 Kelly Dozier Date 2/26/2010 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.T. | Kevin McAlpine | 1000 Hays St. | | Tallahassee, FL 32301 | |
| V.O. | Colleen Castille | 3209 Adwood Road | | Tallahassee, FL 32312 | |
| S.T. | Martha Edenfield | 565 E call St. | | Tallahassee, FL 32301 | |
| D. | Majda Williams | 2009 Cantigny Way | | Tallahassee, FL 32308 | |
| P.O. | Kelly Dozier | 2101 East Randolph Cir. | | Tallahassee, FL 32308 | |
| 10. E-mail Address: director@lemoyne.org <small>(To be used for future annual report notification)</small> | | | | | |
| 11. 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. I further certify 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: Kelly Dozier, Director Date 2/26/2010 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | | | |

(850)222-8800