

850-245-6059 opt. 4

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

10 FEB 26 PM 1:36

DOCUMENT # 700417

REINSTATEMENT SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. Corporation Name  
Le Moyne Art Foundation, Inc.

09/09

700170688037  
02/26/10--01030--010 \*\*122.50

2. Principal Office Address - No P.O. Box #  
125 N Gadsden St.

Suite, Apt. #, etc.

City & State  
Tallahassee, FL

Zip Country  
32301 USA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip Country

CR2E081 (11/09)

4. Date Incorporated or Qualified To Do Business in Florida  
11/13/1963

5. FEI Number  
596166275

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  
Kelly Dozier

Street Address (P.O. Box Number is Not Acceptable)  
2101 East Randolph Circle

Suite, Apt. #, Etc.

City  
Tallahassee

State Zip Code  
FL 32308

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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.D.	Kelly Dozier	2101 East Randolph Cir.	Tallahassee, FL 32308

10. E-mail Address: director@lemoyne.org  
(To be used for future annual report notification)

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

(850)222-8800