PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 OCT 29 PM 3:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 713046

1. Corporation Name

HIGHLANDS ART LEAGUE, INCORPORATED

REINSTATEMENT 04

2. Principal Office Address	**3.** Mailing Office Address
351 W. Center Avenue	351 W. Center Avenue
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Sebring, FL	City & State: Sebring, FL
Zip: 33870-0507 Country: USA	Zip: 33870-0507 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 07/07/67

5. FEI Number: 59-1211648 ☐ 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: John K. McClure

Street Address (P.O. Box Number is Not Acceptable): 230 South Commerce Avenue

Suite, Apt. #, Etc.:

City: Sebring State: FL Zip Code: 33870

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: John K. McClure — Date: 10/27/04

REGISTERED AGENT MUST SIGN

CR2E081 (01/04)

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
PD	Kahn, Marvin	2207 NE Lakeview Dr.	Sebring, FL 33870
VPD	Hatfield, Christine	3100 Goldview Rd.	Sebring, FL 33872
SD	Fuller, Sonia	2117 Vantage Trace	Sebring, FL 33872
TD	Francoeur, Emma	P.O. Box 4433	Sebring, FL 33871

800042316298
10/29/04--01059--004 **175.00

800042316298
10/29/04--01059--005 **61.25

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: [signature] 10-27-04 (863)3886136

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #