PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Secretary of State

DIVISION OF CORPORATIONS

07 MAY 17 AH 8: 48

CRETARY OF STATE

DOCUMENT # 736347

1. Corporation Name

FRIENDS OF THE SELBY PUBLIC LIBRARY, INC.

2. Principal Office Address - No P.O. Box # 1331 FIRST STREET PO BO				office Address X 2255			REIN	ISTATE CREEKE	MENTO/-	
Suite, Apt. #, etc. Suite, Apt. #,										
								rporated or Qualified 7/	12/1976	
City & State SARASOTA, FL City & State SARAS			SOTA, FL			59 ⁻ 177	59-1715741 Applied For Not Applied For			
34236	6	Country	^{Zip} 34230		US		6. CERTIFICA	TE OF STATUS DESIRED.	\$8.75 Additional Fee required for a Certificate of Status	
		7. Name and Address of	Current Regis	tered Agent	t					
່ວິປີSAN J. KEETON								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		
2075 FRUTTVILLE RD.						the p				
						recei				
SARASOTA								waived. 90103605314 70701020010 **428,75		
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 Susan J. Celton							Date 5/14/07			
		RE	GISTERED AG	ENT MUST	SIGN			, ,		
9. Names	and Street A	ddresses of Each Officer and	or Director (Flo	rida nonprof	fit corpo	rations must list at	least 3 directors)			
Titles	Name of Officers and/or Directors		Street Address of Each Officer and/or Director				City /	State / Zip		
Р	KATHY HULTQUIST			PO BOX 2255				SARASOTA	A, FL 34230	
VP1	HELEN T. MEYER			PO BOX 2255				SARASOTA	A, FL 34230	
VP2	JEANNE BROWN			PO BOX 2255				SARASOTA	A, FL 34230	
Т	SUSAN J. KEETON			PO BOX 2255				SARASOTA	A, FL 34230	
S	DOROTHY COLE			PO BOX 2255				SARASOTA	A, FL 34230	
D	NINA E. PERRY			PO BOX 2255				SARASOTA	A, FL 34230	
							-			

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 filling 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 contained in Chapter 119, 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.

SUSAN T. KEETON, TREASURE.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/14/07

(941) 861-1140

Daytime Phone #

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Friends of the Selby Public Library, Inc. DOCUMENT # 736347 Name of Officers and/or Directors (cont'd)

<u>Title</u>	<u>Name</u>	<u>Address</u>	City / State / Zip
D	Pam Formato	PO Box 2255	Sarasota, FL 34230
D	Babs Fromme	PO Box 2255	Sarasota, FL 34230
D	Barbara Geldbart		•
D	Dr. Frederick Hauser		Sarasota, FL 34230
D	Marcella Levin		Sarasota, FL 34230
D	Nancy Schlossberg	PO Box 2255	Sarasota, FL 34230
D	Charleen Sessions	PO Box 2255	Sarasota, FL 34230
D		PO Box 2255	Sarasota, FL 34230