

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

00 OCT 31 PM 5:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N00000000064

1. Corporation Name

FILM SOCIETY OF ST. AUGUSTINE, INC.

Principal Place of Business

Mailing Address

3930Y COASTAL HWY.
ST. AUGUSTINE FL 32095

3930Y COASTAL HWY.
ST. AUGUSTINE FL 32095

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

12/27/1999

5. FEI Number

59-3623990

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	CHASTAIN, JAMES	3930Y COASTAL HWY.	ST. AUGUSTINE FL 32095
VD	SANTAS, CONSTANTINE	3930Y COASTAL HWY.	ST. AUGUSTINE FL 32095
VD	CHASTAIN, ELEANOR	3930Y COASTAL HWY.	ST. AUGUSTINE FL 32095

REINSTATEMENT 0178

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

BOLES, JOSEPH L JR.
120 CHARLOTTE ST.
ST. AUGUSTINE FL 32084

Name

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

Suite, Apt. #, Etc.

City

800003471438--8

-11/20/00--01156--004

****236.25 ****236.25

State

Zip Code

FL

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date 10-25-2000

11. I certify that I am an officer or director of 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 on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAMES J CHASTAIN

10/18/00

Date

904/323-9969

Daytime Phone #