

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>CORPORATION REINSTATEMENT</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT #</b> N00000000991			
<b>1. Corporation Name</b> A.L. LEWIS Historical Society			
<b>2. Principal Office Address - No P.O. Box #</b> 5531 Gregg Street Suite, Apt. #, etc.		<b>3. Mailing Office Address</b> PO. Box 15563 Suite, Apt. #, etc.	
<b>City &amp; State</b> Beach Fernandina, FLA. 32034 Zip Country 32034 Nassau		<b>City &amp; State</b> Beach Fernandina, FLA. 32035 Zip Country 32035 Nassau	
<b>7. Name and Address of Current Registered Agent</b> Name CAROL J. ALEXANDER Street Address (P.O. Box Number is Not Acceptable) 829 N. DAVIS Street Suite, Apt. #, Etc.		<b>4. Date Incorporated or Qualified To Do Business in Florida</b> 07/01/10--01036--007 **61.25 06/10/10 CR2E081 (4/10) 358.75	
<b>City</b> Jacksonville, <b>State</b> FL <b>Zip Code</b> 32202		<b>5. FEI Number</b> 593672494 <b>Applied For</b> Not Applicable <b>6. CERTIFICATE OF STATUS DESIRED</b> <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	
<b>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.</b> Signature of Registered Agent <u>Carol J. Alexander</u> <b>REGISTERED AGENT MUST SIGN</b> Date <u>6/8/10</u>			
<b>9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)</b>			
Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
V	Neil Frink	85306 Amagansett Dr	Jacksonville, FL 32034
S	Vida Walker	5430 Gregg ST.	Fernandina Beach, FL 32034
D	Eve Jones	1748 Julia St	Fernandina Beach, FL 32034
T	Ruth Waters	5531 Gregg St	Fernandina Beach FL 32034
D	Carlton Jones	5381 Hala Ct	Jacksonville, FL 32224
P	CAROL J. ALEXANDER	829 N. DAVIS St.	Jacksonville, FL 32202
<b>10. E-mail Address:</b> <u>Carola@coj.net</u> (To be used for future annual report notification)			
<b>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.</b>			
<b>SIGNATURE:</b> <u>Carol J. Alexander</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date <u>6/8/10</u> Daytime Phone # <u>904-632-5555</u>	

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