

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



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

FILED
02 APR 10 PM 3:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N00000002103

1. Corporation Name

FRIENDS OF THE VALPARISO LIBRARY, INC.

Principal Place of Business

Mailing Address

36468 EMERALD COAST PKWY., STE. 2201
DESTIN FL 32541

36468 EMERALD COAST PKWY., STE. 2201
DESTIN FL 32541

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.

2101

Suite, Apt. #, etc.

2101

City & State

City & State

Zip

Country

Zip

Country



4. Date Incorporated or Qualified To Do Business in Florida

03/29/2000

5. FEI Number

Applied For
 Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	GODWIN, DIANE DR	2086 LAS VEGAS TR.	NAVARRE FL 32566
D	SUGDEN, PETER	220 SEMINOLE AVE.	VALPARAISO FL 32580
D	PATE, LAVINA	336 VIRGINIA AVE.	VALPARAISO FL 32580
			000005326570--8 -04/23/02--01058--021 *****236.25 *****236.25
			000005326570--8 -04/23/02--01058--022 *****61.25 *****61.25

8. Name and Address of Current Registered Agent

HALL, STEVEN K
36468 EMERALD COAST PKWY., STE. 2201
DESTIN FL 32541

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #: Etc.

2101

City

State
FL

Zip Code

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

REGISTERED AGENT MUST SIGN

Date

Feb 28, 2002

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 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.

LAVINA R. PATE

SIGNATURE:

Lavina R. Pate
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-05-01 (850) 729-5406

Date

Daytime Phone #

CR2E040 (8/01)