PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 OCT 22 PM 1:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N00000002616

1. Corporation Name
Havana Historical Society, Inc.
Post Office Box 2363
Havana, Fl 32333

REINSTATEMENT 01-04

EP

2. Principal Office Address	**3.** Mailing Office Address
107 7th St. N.E. Havana, FL 32333	P.O. Box 2362 Havana, FL 32333
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Havana, Fl 32333	City & State: Havana, Fl 32333
Zip: 32333 Country: Gadaden	Zip: 32333 Country: Gadsden

4. Date Incorporated or Qualified To Do Business in Florida 10-2000

5. FEI Number 59-3625104 ☐ 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: Alphia H. Stephens

Street Address (P.O. Box Number is Not Acceptable): 107 7th Street, N. E.

300042392053
11/02/04--01016--002 **53.75

Suite, Apt. #, Etc.:

City: Havana, State: FL Zip Code: 32333

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: Alphia H. Stephens — REGISTERED AGENT MUST SIGN — Date: 10-22-04

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
Pr.	Alphia H. Stephens	107 7th Street, N. E.	Havana, FL 32333
VP	Sandi Beare Schenker	303 First St. N.W.	Havana, FL 32333
Sec.	Nikki Beare	7858 Havana HWY	Havana, FL 32333
Historian	Bill Spooner	100 Live Oak Lane	Havana, FL 32333
Board Mbr.	Nick Bert	103 W. 7th Street	Havana, FL 32333
Acting Treasurer	Alphia H. Stephens	107- 7th St. N. E.	Havana, FL 32333

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: Alphia H. Stephens — 10-22-04

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

Alphia H. Stephens President — 850-539-6253

Daytime Phone #