PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

J01 UB2

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FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N00000008425

1. Corporation Name

FRIENDS OF THE PACE AREA LIBRARY, INC.

Principal Place of Business	Mailing Address
3895 HWY. 90 PACE FL 32571	3895 HWY. 90 PACE FL 32571

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: 12/15/2000 ✓

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	BOEHM, JAMES R	5342 STAFFORD CIRCLE	PACE FL 32571
VD	WINTERS, MARCY	2925 GREYSTONE DR.	PACE FL 32571
D	LYLE, MARTHA B	4101 BAYFRONT TERR.	PACE FL 32571
TD	DEMSKY, ANNE	29803 GREYSTONE DR.	PACE FL 32571
			LS
			500004704885--0 -12/05/01--01001--016 *****61.25 *****61.25

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
STEWART, DANIEL 3895 HWY. 90 PACE FL 32571	Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City / State: FL / Zip Code

CR2E040 (8/01)

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: _____ Date: 10/29/01
REGISTERED AGENT MUST SIGN

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.

SIGNATURE: James R Boehm 10/29/01 (850)995-4577
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

DS
Law Firm
Tax ID 59-2245923
•
dan@stewartlawfirm.com
•
P.O. Box 696
•
Milton, FL 32572

Dan Stewart, PA
Attorney at Law
Protecting Your Legal Rights Since 1981

4519 Highway 90
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Pace, Florida 32571
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(850) 994-4887
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(850) 936-9648
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(Fax) 994-4541

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October 29, 2001

Secretary of State
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

Re: **Friends of the Pace Area Library, Inc.**

Dear Sir or Madam:

Enclosed please find the completed Application for Reinstatement for Friends of the Pace Area Library, Inc. This corporation was incorporated on December 15, 2000. The corporation received no Annual Report to be completed. Furthermore, no paperwork has been received from the Secretary of State's office except for the enclosed Application for Reinstatement.

I have enclosed a check in the amount of $61.25 and request that any other reinstatement fees be waived.

If you have any question concerning this matter, please do not hesitate to contact me.

Sincerely,
James R. Boehm

James R. Boehm
President, Friends of the Pace Area Library, Inc.

JRB:bfs
Enclosures