

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 OCT 16 PM 1:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name

The Gulf Alliance for Local Arts, Inc.

2. Principal Office Address

1308 Garrison Avenue

Suite, Apt. #, etc.

City & State

Port St. Joe, Florida

Zip

32456

Country

United States

3. Mailing Office Address

1308 Garrison Avenue

Suite, Apt. #, etc.

City & State

Port St. Joe, Florida

Zip

32456

Country

United States

4. Date Incorporated or Qualified
To Do Business in Florida

October 11, 2002

5. FEI Number

30-0124395

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 2003

7. Name and Address of Current Registered Agent

Name

Mel C. Magidson, Jr

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

528 6th Street

Suite, Apt. #, Etc.

City

Port St. Joe

State

FL

Zip Code

32456

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

Mel Magidson

Date

10/8/03

REGISTERED AGENT MUST SIGN

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
P/D	Kimberley Harrison	1308 Garrison Avenue	Port St. Joe, Florida 32456
V/D	Peggy Wood	2105 Highway 98	Mexico Beach, Florida 32410
S/D	Heather Rish	214 Gautier Memorial Lane	Port St. Joe, Florida 32456
T/D	Cora Russ	198 5th Street	Apalachicola, Florida 32320

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:

Kimberley H Harrison

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/8/03 850.227.3745

Daytime Phone #

CR2E081 (10/02)