PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

09 DEC 22 PM 4:51

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N04000007985

1. Corporation Name

SPANISH MOSS FOUNDATION

000163979860
12/28/09--01002--015 **183.75

CR2E081 (11/09)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
1489 ALLIGATOR DR.	1489 ALLIGATOR DR.
Suite, Apt. #, etc	Suite, Apt. #, etc.
City & State: ALLIGATOR POINT, FL	City & State: ALLIGATOR POINT, FL
Zip: 32346 Country: US	Zip: 32346 Country: US

4. Date Incorporated or Qualified To Do Business in Florida: 08/08/2004

5. FEI Number: 22-3902058 ☐ 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: SARAH LOUISE MCCOY

Street Address (P.O. Box Number is Not Acceptable): 1489 ALLIGATOR DR.

Suite, Apt. #, Etc.

City: ALLIGATOR POINT | State: FL | Zip Code: 32346

☑ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you *are certifying the prior notices were not* received and requesting the reinstatement fee be waived.

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: SLMcC — Date: 12/22/09

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
EXEC DIR	SARAH LOUISE MCCOY	1489 ALLIGATOR DR.	ALLIGATOR POINT, FL 32346
DIR	MELISSA HUDGENS	104 EASTGREEN DR.	CHAPEL HILL, NC 27516
DIR	JUDITH BYRD	717 BOSCOBEL ST.	NASHVILLE, TN 37206

07-09 B 12/22/09

10. E-mail Address: sarah@spanishmossinc.com

(To be used for future annual report notification)

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.

SIGNATURE: SLMcC — 12/22/09 — 304 [illegible]

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