## 42008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

Tr.							ru FN					
DOCUMENT # N08441  1. Entity Name						<u> </u>	FILED 08 MAY 21 PM 1: 17					
FRIENDS OF THE ST. LUCIE COUNTY LIBRARY ASSOCIATION, INC.						08	MAY 21	en is	TE.			
Principal Place of Business Mailing Address 101 MELODY LANE 101 MELODY LANE FORT PIERCE, FL 34950 FORT PIERCE, FL 34950						4.00	SI TA	ECINE	E, FLO	RIDA	•	
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2. Principal Place of Business - No P.O. Box # 3. Ma				laiting Address								
Suite, Apt. #, etc.			Suite	Suite, Apt. #, etc.			05202008 <sub>R</sub>	EIN-NP	CR2E0	99 (1/07)		
City & State			City 8	City & State			4. FEI Number 59-09043	59		_ <del>                                    </del>	oplied For	
Zip	Zip Country		Zip		Cou	untry	5. Certificate of			\$8.75 Add	litional	
	6 Name	and Address of Current F	Registered	Agent		ľ	7. Name and Ad			Fee Required	<u> </u>	
			<del></del>	-gone		Name	1. Namo dira Ac	10.033 01 11041 11	egiotorea r	-go-n		
UCC FILING & SEARCH SERVICES, INC. 1574 VILLAGE SQUARE BLVD SUITE 100					Street Address (P.O. Box Number is Not Acceptable)							
TALLAHAS		32309										
						City			FL	Zip Code	9	
	named entitions of regist	y submits this statement for tered agent.	the purpos	of changing its r	register	ed office or regis	tered agent, or both, i	in the State of Flo	orida. I am	amiliar with,	and accept	
J	A	i son Ha	, 1	ASST S	<b>Y</b>				5/21	108		
SIGNATURE .	<u> </u>	1 JUN MUN		1001 3	$\sim$				7/2	180		
FR1264	Signature, typed	or printed name of registered agent a	and title if applica	ble. (NOTE	: Register	ed Agent signature rec	quired when reinstating)		DATE			
FRI 264 FII		or printed name of registered agent a	and title if applica	In accordance	ce with	s. 607.193(2)( receive the pri	(b), F.S., the	1	lake check	payable to		
				In accordance	ce with	s. 607.193(2)(	(b), F.S., the	Flor	lake check ida Depar	tment of St	ate	
FILE	LE NOW!!	OFFICERS AND DIR		In accordance	ce with did not	s. 607.193(2)( receive the pri	(b), F.S., the for notice.	Flor	lake check ida Depar	tment of St	ate	
FILE 10. TITLE NAME	P CLIFTON	OFFICERS AND DIR		In accordance corporation	Ce with did not	s. 607.193(2)( receive the pri	(b), F.S., the for notice.  ADDITIONS/CHANGE	Flor GES TO OFFICE	lake check ida Depart RS AND DIF	RECTORS IN	10 Addition	
FILE	P CLIFTON P.O. BOX	OFFICERS AND DIR		In accordance corporation	ce with did not	s. 607.193(2)( receive the pri	(b), F.S., the for notice.  ADDITIONS/CHANGE	Flor	lake check ida Depart RS AND DIF	RECTORS IN	10 Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	P CLIFTON P.O. BOX FORT PIE	OFFICERS AND DIR , CARNELLE , 3663 ERCE, FL 34948		In accordance corporation	CE with did not 11. TITUE NAME STREE CITY	E EET ADDRESS	(b), F.S., the for notice.  ADDITIONS/CHANGE	Flor GES TO OFFICE	lake check ida Depart RS AND DIF	RECTORS IN	10 Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CLIFTON P.O. BOX FORT PIE VP HOWARD	OFFICERS AND DIR CARNELLE 3663 ERCE, FL 34948  O, LUCILLE M		In accordance corporation	TITLE	E EET ADDRESS	(b), F.S., the for notice.  ADDITIONS/CHANGE	Flor GES TO OFFICE	lake check ida Depart RS AND DIF	tment of St RECTORS IN Change 10:9 **122.	10 Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	P CLIFTON P.O. BOX FORT PIE VP HOWARD 497 SW H	OFFICERS AND DIR , CARNELLE , 3663 ERCE, FL 34948		In accordance corporation	TITLE NAM STRE CITY TITLE NAM STRE	E EET ADDRESS (-ST-ZIP E	(b), F.S., the for notice.  ADDITIONS/CHANGE	Flor GES TO OFFICE	lake check ida Depart RS AND DIF	tment of St RECTORS IN Change 10:9 **122.	10 Addition	
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