PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR 93-96 REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
96 DEC 13 AM 10:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N46404

1 Corporation Name
SOUTHEAST SCULPTURE ASSOCIATION INC.
S.E.S.A.
C/O RICHARD G. FRISCIA

Principal Place of Business	Mailing Address
P.O. BOX 479 PORT SALERNO FL 34992	P.O. BOX 479 PORT SALERNO FL 34992

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

REINSTATEMENT 93-96

DO NOT WRITE IN THIS SPACE

2. New Principal Office Address, If Applicable	3. New Mailing Address, If Applicable
P.O. BOX 479	P.O. BOX 479
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: PORT SALERNO FL	City & State
Zip: 34992 Country: U.S.A.	Zip: 34992 Country: USA

4. Date Incorporated or Qualified To Do Business In Florida: 12/9/91

5. FEI Number: 65-0319129 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ $6.75 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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PRES	RICHARD G. FRISCIA	1501 NE 13TH TERR H-15	JENSEN BEACH FL 34957
DIR	MARINO A. MARTIELLI	20 SW RIVERWAY BLVD	PALM CITY FL 34990
DIR SEC	LOUIS E. SEVERINO	13971 ENCONTARDO CIRCLE	FT PIERCE FL 34951

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-12/19/96--01035--003
****428.75 ****428.75

12-16-96

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
RICHARD G. FRISCIA 1501 NE 13TH TERR H-15 JENSEN BEACH FL 34957	Name: RICHARD G. FRISCIA Street Address (P.O. Box Number is Not Acceptable): 1501 NE 13TH TERR Suite, Apt. # Etc.: H-15 City: JENSEN BEACH State: FL Zip Code: 34957

CR2E040 (12/95)

10 Having 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: Richard G. Friscia Date: _____
REGISTERED AGENT MUST SIGN
RICHARD G. FRISCIA

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒ (See other side for information on intangible tax.)

12 I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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: Richard G. Friscia Dec 14, 1996 (561) 334-9421
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #