

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 DEC 10 PM 12:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N46404**

1. Corporation Name

SOUTHEAST SCULPTURE ASSOCIATION, INC.

Principal Place of Business

1501 N.E. 13TH TERR
H-15
JENSEN BEACH FL 34957

Mailing Address

P.O. BOX 479
PORT SALERNO FL 34992

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

12/09/1991

5. FEI Number

65-0319129

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	FRISCIA, RICHARD G	1501 NE 13TH TERRACE, H-15	JENSEN BEACH FL 34957
D	MARTINELLI, MARINO A	20 SW RIVERWAY BLVD.	PALM CITY FL 34990
DS	SEVERINO, LOUIS E	13971 ENCONTARDO CIRCLE	FT PIERCE FL 34951

300009436283
12/10/02--01063--001 **70.00

8. Name and Address of Current Registered Agent

FRISCIA, RICHARD G
1501 NE 13TH TERRACE-
H-15
JENSEN BEACH FL 34957

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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. or 617.0505, F.S.

Signature of
Registered Agent

Richard G. Friscia
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

Nov 4, 2002

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:

Richard G. Friscia
SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Nov 4, 2002
Daytime Phone #

Enclosed you will find a
check for 61. $\frac{35}{100}$.

We somehow missed the
fee file.

Please except this as report
without penalty.

We have been inactive
and again are trying to reborn
our associations and memberships.

Thank you

Richard J. Frisier

P.S. Do we get new certificate