PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
99 OCT 20 PM 1:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N95000004799

1. Corporation Name

ST LUCIE PROFESSIONAL ARTS LEAGUE, INC.

Principal Place of Business	Mailing Address
2518 SE ANCHORAGE COVE UNIT E1 PORT ST. LUCIE FL 34952 US	2518 SE ANCHORAGE COVE UNIT E1 PORT ST. LUCIE FL 34952 US

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

REINSTATEMENT 99(R)

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. Date Incorporated or Qualified To Do Business In Florida: 10/06/1995

5. FEI Number: 65-0615751 ☐ 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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	~~BU CHARME, GABBY~~ N/A	2017 SW LEAFY RD	PORT ST. LUCIE FL 34953
VPD	~~GARCIA, JOSE~~ N/A	6524 N.W. CHUGWATER CIRCLE	PORT ST LUCIE FL 34983
TD	~~HUGES, CAROL~~ ANITA MOSER ~~A/R~~	~~1808 BOWIE ST. SE~~ 1788 S.E. FALLON DR.	PORT ST. LUCIE FL ~~34952~~ 34983
SD	~~PORTER, ELIA~~ BONNIE BRAGE ~~A/R~~ WELL	~~674 FAITH TERR. SE~~ 952 S.E. DAMASK AVE	PORT ST. LUCIE FL 34983
PD	HOLIDAY, JOE	2518 SE ANCHORAGE COVE, UNIT E1	PORT ST. LUCIE FL 34952
VPD	ROTOLO, NANCY	308 W ARBOR AVE	PORT ST. LUCIE FL 34952

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
HOLIDAY, JOE 2518 SE ANCHORAGE COVE UNIT E1 PORT ST. LUCIE FL 34952	Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City / State / Zip Code

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*****236.25 *****236.25

CR2E040 (8/99)

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.

Signature of Registered Agent _____ Date 10-14-99

REGISTERED AGENT MUST SIGN

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.

KE

SIGNATURE: Anita M. Moser VP Treasurer 10/14/99 (561) 878-5276

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

0097041 AF