

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION  
REINSTATEMENT

2009-2010

FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

MAR 29 PM 2:23

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N 96000005758

1. Corporation Name

FLORIDA FINE ART MUSEUM CORPORATION

P.P. Box 313 WASHINGTON ST CHATTAHOOCHEE

2. Principal Office Address - No P.O. Box #

313 W WASHINGTON ST.

3. Mailing Office Address 32324 FL

313 W WASHINGTON ST

Suite, Apt. #, etc. CHATTAHOOCHEE

Suite, Apt. #, etc.

FLORIDA 32324

City & State CHATTAHOOCHEE

FLORIDA

City & State CHATTAHOOCHEE

FLORIDA

Zip

32324

Country

USA.

Zip

32324

Country

USA

REINSTATEMENT

4. Date Incorporated or Qualified To Do Business in Florida Nov 7 1996

5. FEI Number

59-3434479

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 SYMS - HARCOURT

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

313 W. Washington St

Suite, Apt. #, Etc.

Chattahoochee

City

Chattahoochee

State

FL

Zip Code

32324

☒ 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

*[Signature]*

REGISTERED AGENT MUST SIGN

Date Wed. Feb 17/2010

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
DPOT	SYMS, HARCOURT	313 W Washington St	CHATTAHOOCHEE FLORIDA 32324
DVS	GRAF, KEVIN	6705 LASSE AVE.	NEWPORT RICHEY FLORIDA 34655
D	BERGANTINO JUDITH	3100 IRONWOOD DRIVE	TALLAHASSEE FLORIDA 32309

10. E-mail Address: NONE EXIST

(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: *[Signature]* HARCOURT SYMS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(850)

408 0563