

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
CLERK OF STATE
DIVISION OF CORPORATIONS

04 JUL 26 PM 3:21

DOCUMENT # N 97000001353

1. Corporation Name

Association for the Calligraphic Arts

2. Principal Office Address

1223 Woodward Ave

Suite, Apt. #, etc.

3. Mailing Office Address

2774 Countryside Blvd #2

Suite, Apt. #, etc.

City & State

South Bend In

Zip

46616

Country

USA

City & State

Clearwater Florida

Zip

33761

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

MAR-11 1997

5. FEI Number

59-3431492

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

Arlene Lane

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

2774 Countryside Blvd. #2

Suite, Apt. #, Etc.

City

Clearwater, FL

State

FL

Zip Code

33761

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

7-19-04

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
Pres.	Joan Merrell	2312 Allison Drive	Jefferson City Missouri 65109
Dir.	Anne Binder	1223 Woodward Ave	South Bend, In 46616
Treas	Arlene Lane	2774 Countryside Blvd #2	Clearwater, FL 33761

10. 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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-19-04

Date

(727) 725-3462

Daytime Phone #

CR2E081 (01/04)



c/o 2774 Countryside Blvd # 2
Clearwater, Florida 33761
(727) 725-3462

treasurer@calligraphicarts.org
www.calligraphicarts.org

July 19th, 2004

Divisions of Corporations
P O Box 6327
Tallahassee, Florida 32314

Attention: Reinstatement Section

RE: ASSOCIATION FOR THE CALLIGRAPHIC ARTS 59-3431492

To Whom It May Concern:

Enclosed please find a completed Re-instatement form for the Association for the Calligraphic Arts along with our check #1252 in the amount of \$61.25 (SIXTY-ONE DOLLARS AND TWENTY-FIVE CENTS) to cover the fee for the year 2004.

You will note that the fee for the Association for the Calligraphic Arts was paid in a timely manner but there was a clerical error. In May of 2003 we received correspondence from you requesting corrections.

Our corrected 2003 report was mailed back to you in May of 2003 (per the request in your correspondence dated May 15th, 2003). As this mail was never received we are further requesting that the fee to be reinstated be waived.

Thank you for your prompt attention to this matter.

Sincerely,

Arlene Lane
Treasurer
Association for the Calligraphic Arts

Encl. (2)