

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

*page 1 of 2*

CORPORATION



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 APR 30 AM 11:49

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # *N97000006542*

1. Corporation Name

STRAWBRIDGE ART LEAGUE, INC.

2. Principal Office Address

625 e New Haven Avenue

3. Mailing Office Address

625 E New Haven Avenue

City & State

Melbourne, Florida

City & State

Melbourne, Florida

Zip

32901

Country

Zip

Country

32901

4. Date of Incorporation or Filing  
To Do Business in Florida

400017279794  
04/29/03--01033--002 \*\*183.75

5. Fed. Number

59-3507199

ADDRES FOR

Self Administration

6. CERTIFICATE OF SALES PREPARED

\$575 Additional Fee Required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Barbara Freeman

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

3799 S Banana River Blvd

Suite, Apt. #, Etc.

#1009

*01-03 UBR JS*

City

Cocoa Beach

State

FL

Zip Code

32931

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.005 or 607.007, F.S.

Signature of Registered Agent

*Barbara Freeman*

REGISTERED AGENT MUST SIGN

Date

*4/23/2003*

*Phone 321-784-2565*

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporation's 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 <i>D</i>	Bill McCoy	320 Spoonbill Lane	Melbourne Beach, FL 32951
VP #1	Renee Decator	685 Sanderling Drive	Indialantic, FL 32903
VP #2	Virginia Raymond	1444 Bayshore Drive	Cocoa Bch, FL 32931
Treas	Barbara Freeman	3799 S Banana River Dr #1009	Cocoa Bch, FL 32931
Sec	Susan Kessler	460 Hall Road	Malabar, FL 32950
Member	Gwen Hanson	114 Fourteenth Ave	Indialantic, FL 32903

10. I certify that I am an officer or director of the issuer or trustee authorizing to execute this application as provided for in section 607 or 607.007, F.S. I further certify that when this information has been filed, the reason for dissolution has been determined, the corporate name satisfies the requirements of section 607.0401 or 607.0401, F.S., that all taxes owed by the corporation have been paid and the names of individuals listed on this form do not qualify for exemption under section 607.0301, F.S. The information included on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

*John C Emery, Sr.*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John C Emery, Sr. (Historian) 552 S Magnolia Ave, Melb, FL 32935

*4/23/2003*

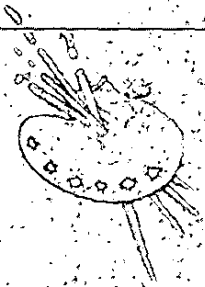
Date

*321-259-0044*

Telephone Number

CDP2501 (1-0-03)

*Page 2 of 2*



April 23, 2003

Department of State  
Division of Corporations  
P O Box 6327  
Tallahassee, FL 32314

To Whom It May Concern,

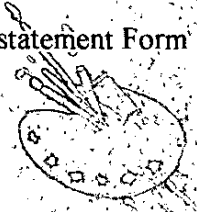
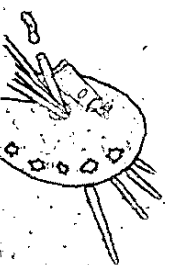
The Strawbridge Art League, Inc is submitting this Corporate Reinstatement application due to the fact that we did not receive the Notification in Calendar Year 2001.

Thank you for your assistance in this matter.

Sincerely,

*Barbara A. Freeman*  
Barbara A. Freeman, Treasurer

Enclosure:  
Corporation Reinstatement Form  
Check No. 832



Title  
H

John C. Emery Sr. 552 S. Magnolia Ave  
Melbourne, FL

625 East New Haven Ave.  
Melbourne, Florida 32901  
Henegar Center for the Arts  
The Strawbridge Art League