

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 MAR 23 PM 1:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # *N98000000429*

1. Corporation Name

WALTON COUNTY ART LEAGUE, INC.

2. Principal Office Address

1558 U.S. HWY 331 SO.

Suite, Apt. #, etc.

UNIT B

City & State

DE FUNIAK SPRINGS FS

Zip

32435

Country

USA

3. Mailing Office Address *C/O HANNON*

P.O. Box 829

Suite, Apt. #, etc.

City & State

FREEPORT FL

Zip

32439

Country

USA

REINSTATEMENT *09-04*

4. Date Incorporated or Qualified
To Do Business in Florida *9-22-98*

5. FEI Number

59-323420

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

MARY VINSON

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

301 So. 11th St.

Suite, Apt. #, Etc.

City

DEFUNIAK SPRINGS

State

FL

Zip Code

32435

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

Mary Vinson

REGISTERED AGENT MUST SIGN

Date *3-15-04*

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
<i>P</i>	<i>ELEANOR TURNER</i>	<i>176 E. BAYOU FOREST</i>	<i>FREEPORT FL 32439</i>
<i>VP/D</i>	<i>JERRI WHITEHEAD</i>	<i>1125 CHESSER RD.</i>	<i>DEFUNIAK SPRINGS FL -32435</i>
<i>VP/D</i>	<i>MARY VINSON</i>	<i>301 So 11th St</i>	<i>DEFUNIAK SPRINGS FL 32435</i>
<i>S</i>	<i>BARBARA KELLOGG</i>	<i>60 McCLENDON-KING Rd</i>	<i>DEFUNIAK SPRINGS FL 32435</i>
<i>T, D</i>	<i>JANIS HANNON</i>	<i>375</i>	
<i>D</i>	<i>LOIS ORSAK</i>	<i>37 E. BAYOU FOREST</i>	<i>FREEPORT FL 32439</i>

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:

Janis Hannon

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03-19-04 850-262-3001

Date

Daytime Phone #

CR2081 (01/04)