PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
01 OCT 25 PM 1:35

DOCUMENT # 745188

1. Corporation Name

CREALDE ARTS, INC.

Principal Place of Business	Mailing Address
600 ST. ANDREWS BLVD. WINTER PARK FL 32792	600 ST. ANDREWS BLVD. WINTER PARK FL 32792

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

REINSTATEMENT 01

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: 12/11/1978 SP

5. FEI Number: 59-1887887 ☐ 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
~~P~~ TD	~~DOUGHERTY, MICHAEL J~~ Cory-WEEKS, Joann	~~255 VISTA OAK DRIVE~~ 10111 S. Fulton Ct.	~~LONGWOOD FL 32779~~ ORLANDO, FL 32836
VD	CURRY, SALLY	1886 ARLINGTON COURT	LONGWOOD FL 32779
PD	SCHORNAGLE, III, FRANK	10706 SPRINGBUCK TRAIL	ORLANDO FL 32825
~~S~~ D	SINGHOFEN, PETER J	3308 FISHERMAN'S CORE	WINTER PARK FL 32792
~~VD~~ SD	~~IVERY, EMERY M~~ Bonifay, Cecelia	~~2476 CONWAY RD 51~~ 255 S. Orange Ave	~~ORLANDO FL 32812~~ Orlando FL 32802

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
SCHREYER, PETER 600 ST ANDREWS BLVD WINTER PARK FL 32789	Name Street Address (P.O. Box Number is Not Acceptable) 800004679728--0 Suite, Apt. #, Etc. -11/15/01--01004--006 ****236.25 ****236.25 City / State: FL / Zip Code

CR2E040 (8/01)

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 10/18/01
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.

SIGNATURE: Frank W. Schornagle III 10/18/01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #