

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
DIVISION OF CORPORATIONS

00 OCT 16 PM 1:56

DOCUMENT # 759582

1. Corporation Name

ARTS ON THE PARK, INC.

Principal Place of Business
115 N KENTUCKY AVE.
LAKELAND FL 33801

Mailing Address
115 N KENTUCKY AVE.
LAKELAND FL 33801



REINSTATEMENT 00

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

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		08/12/1981	
City & State		City & State		5. FEI Number	
Zip		Country		59-2005115	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	PREBOR, VICTOR M III (president)	1100 BARTON RD, UNIT 1100 4013 Derby Drive	LAKELAND FL 33801 33809
SD	WERGEL, NANCY	4234 BRAEMAR AVE	LAKELAND FL 33803
TD	MARCUS, RANDY	1100 OAKBRIDGE PKWY APT-173	LAKELAND FL 33803
TD	JONES, GREG (treasurer secretary)	524 CAREY PL	LAKELAND, FL 33803
ED	DAVIS, TODD (executive director)	PO BOX 6343	LAKELAND, FL 33807
SD	TUTTON, JOHN (secretary)	727 JEFFERSON AVE	LAKELAND, FL 33801

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

PREBOR, VICTOR M III 1100 BARTON RD UNITE 1100 LAKELAND FL 33801	4013 Derby Drive 33809	Name Victor M. Prebor III	Street Address (P.O. Box Number is Not Acceptable) 4013 Derby Drive	Suite, Apt. #, Etc. 400003433854-7	City Lakeland
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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

[Signature]
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date 10-12-00

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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
TODD B. DAVIS

10/12/00
Date

863
680-ARTS
Daytime Phone #

CR2E04G (8/00)