

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

14 JUL 31 AM 10 09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

2013-2014
CR2E081 (11/10)

DOCUMENT # N03000008965
1. Corporation Name
Art one ARTS INITIATIVE, INC.

2. Principal Office Address - No P.O. Box #
5155-32 AVE. N. P.O. Box 11141
Suite, Apt. #, etc.

City & State
ST. PETERSBURG, FL
Zip Country
33710 USA

3. Mailing Office Address
ST. PETERSBURG, FL
City & State
33733 USA
Zip Country

4. Date Incorporated or Qualified To Do Business in Florida
10-15-2003

5. FEI Number
51-0500014 Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED **\$8.75 Additional Fee required for a Certificate of Status**
YES

7. Name and Address of Current Registered Agent
Name
Terry Bartlett
Street Address (P.O. Box Number is Not Acceptable)
7173-63 STR. N.
Suite, Apt. #, Etc.
City State Zip Code
Pinellas Park FL 33781

600261960676
07/31/14--01022--002 **70.00

600261960676
07/03/14--01013--004 **236.25

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 Terry Bartlett Date 6/28/14
REGISTERED AGENT MUST SIGN

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	Deborah Hefferd	102 mindy DR	Largo, FL 33771
VP	Terry Bartlett	7173-63 STR. N.	Pinellas Park, FL 33781
Sec	David Frank Powers	801-41 Ave. N.	ST. PETERSBURG, FL 33703
Treas	Carolyn Day	5155-32 Ave. N.	ST. PETERSBURG, FL 33710
Dir	Rebecca Mary Enyde	750-23 Ave. N.	ST. PETERSBURG, FL 33704

10. E-mail Address: rbdav@verizon.net
(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: Carolyn Day Date 6-20-14 Daytime Phone # 526-2308
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

M 1/7/14