

# **2012 NOT-FOR-PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# N04000001686

**FILED**  
**Jul 02, 2012**  
**Secretary of State**

**Entity Name:** ARTS4JAX, INC.

**Current Principal Place of Business:**

634 LOMAX STREET  
JACKSONVILLE, FL 32204

**New Principal Place of Business:**

**Current Mailing Address:**

634 LOMAX STREET  
JACKSONVILLE, FL 32204

**New Mailing Address:**

1830 HOLLY FLOWER LANE  
FLEMING ISLAND, FL 32003

**FEI Number:** 20-0745972

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MCDUFFIE, DEBORAH J  
1830 HOLLY FLOWER LANE  
FLEMING ISLAND, FL 32003 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

**SIGNATURE:** DEBORAH J. MCDUFFIE

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** MCDUFFIE, DEBORAH J  
**Address:** 1830 HOLLY FLOWER LANE  
**City-St-Zip:** FLEMING ISLAND, FL 32003

**Title:** ACCT  
**Name:** BEATON, KIM  
**Address:** 634 LOMAX STREET  
**City-St-Zip:** JACKSONVILLE, FL 32204

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

**SIGNATURE:** DEBORAH J MCDUFFIE

**PRES**

**07/02/2012**

Electronic Signature of Signing Officer or Director

Date