

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

10 APR 15 AM 10:15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 582853

1. Corporation Name

CERAMIC ARTS, INC.

800176014618  
04/15/10--01041--017 \*\*1050.00

2. Principal Office Address - No P.O. Box #

6967 Sunset Dr. S.

Suite, Apt. #, etc.

3. Mailing Office Address

6967 Sunset Dr. S.

Suite, Apt. #, etc.

City & State

St. Petersburg, FL

Zip

33707

Country

USA

City & State

St. Petersburg, FL

Zip

33707

Country

USA

4. Date Incorporated or Qualified

To Do Business in Florida 08/21/1978

5. FEI Number

59-1848080

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

Raymond A. Wypasek

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

7510 Pine Valley Lane

Suite, Apt. #, Etc.

City

Seminole

State

FL

Zip Code

33776

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

Raymond A. Wypasek

REGISTERED AGENT MUST SIGN

Date

4/12/10

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
P	Raymond Wypasek	7510 Pine Valley Ln.	Seminole, FL 33776
T/S	Madelin Wypasek	7510 Pine Valley Ln.	Seminole, FL 33776
K.P.	Laura Bast	1447 N. Chapel Dr.	Springfield, MO 65802

10. E-mail Address: Cerarts @ tampa bay . fl . com

(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., 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.

SIGNATURE

Madelin Wypasek 4/10/10

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

727-343-2637