

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR **99**  
REINSTATEMENT



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

DOCUMENT # **752485**

1. Corporation Name

**MANATEE COUNTY CULTURAL ALLIANCE, INC.**

Principal Place of Business

380 10TH AVE W  
SUITE 300  
PALMETTO FL 34205  
US

Mailing Address

323 10TH AVE W  
SUITE 302  
PALMETTO FL 34205  
US

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

2. New Principal Office Address, If Applicable

**529 13TH ST. W SUITE 303**  
Suite, Apt. #, etc.  
**BRADENTON, FL.**  
City & State

3. New Mailing Office Address, If Applicable

**P.O. Box 672**  
Suite, Apt. #, etc.  
City & State  
**PALMETTO, FL.**

Zip

**34205**

Country

Zip

**34221**

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

**05/14/1980**

**SP**

5. FEI Number

**59-2012576**

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ **REINSTATEMENT**

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
ED PD	MELCHER, FRANK T. CARL KEELER	2107 41ST STREET WEST 211 CHAUNCEY AVE. E.	BRADENTON FL 34205 34208
VPD	ZAREMBA, FRANK ANTHONY TIBERINI	414 29TH ST NE 605-C MANATEE AVE. W.	BRADENTON FL 34205 34217
TD	JARVIS, GINDY SHARON MACCONNELL	323 10TH AVENUE WEST, STE 300 1015 ESTRE MADURA DR.	PALMETTO FL 34221 BRADENTON, FL 34209
SD	MURPHY, FAY NIKKI PROMADES	823 OAK DR. 102 MANATEE AVE. W.	BRADENTON FL 34205
			400003089634--0 01/05/00--01103--001 ***236.25 ***236.25

8. Name and Address of Current Registered Agent

JARVIS, GINDY  
323 10TH AVENUE WEST, STE 300  
PALMETTO FL 34221  
CARL KEELER  
211 CHAUNCEY AVE. E.  
BRADENTON, FL 34208

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

**FL**

Zip Code

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

**REGISTERED AGENT MUST SIGN**

Date **Dec. 20 1999**

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:

**CARL KEELER**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**12/20/99 (99) 755-1511**

Date

Daytime Phone #