

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. *Page 1 of 2*

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

04 JAN 23 PM 12:06

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # *758 728*

1. Corporation Name

*DeLand Outdoor Art Festival, Inc.*

2. Principal Office Address

*1669 Tall Oaks Rd.*

Suite, Apt. #, etc.

3. Mailing Office Address

*1669 Tall Oaks Rd.*

Suite, Apt. #, etc.

City & State

*DeLand, FL*

City & State

*DeLand, FL*

Zip

*32720*

Country

*Volusia*

Zip

*32720*

Country

*Volusia*

4. Date Incorporated or Qualified  
To Do Business in Florida

*2001*

5. FEI Number

*59-24405-90*

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

*Tom Clausen*

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

*1669 Tall Oaks Rd.*

Suite, Apt. #, Etc.

City

*DeLand*

State

*FL*

Zip Code

*32720*

*300027523083*  
*01/23/04--01059--005 \*\*245 00*

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

*Tom Clausen* *President*

Date *1-20-04*

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
SD	<i>Ann Gerard</i>	<i>980 Marjorie Rawlings Dr</i>	<i>DeLand, FL 32720</i>
TD	<i>Patricia Clausen</i>	<i>1669 Tall Oaks Rd.</i>	<i>DeLand, FL 32720</i>
VD	<i>Patricia Clausen</i>	<i>1669 Tall Oaks Rd.</i>	<i>DeLand, FL 32720</i>
PD	<i>Tom Clausen</i>	<i>1669 Tall Oaks Rd.</i>	<i>DeLand, FL 32720</i>

10. 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:

*Patricia Clausen* *Patricia Clausen* *1-20-04 386-985-5180*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (10/02)



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1669 Tall Oak Road DeLand, Florida 32720

Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

January 20<sup>th</sup>, 2004

To whom it may concern,

We sent in our annual report in 2000 and did not receive the 2001 annual report form. It was brought to my attention yesterday that we were suppose to be paying \$61.25 each year. I will make sure the annual report is done and in the mail each year from now on. I apologize for not catching this error sooner.

Enclosed please find check number 1155 for the amount of \$ 245.00. If I owe anymore money please do not hesitate to notify me.

Sincerely,

Patty Clausen  
Vice President  
DeLand Outdoor Art Festival