


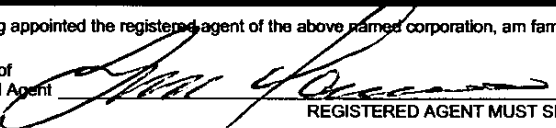
PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT				FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 758722					
1. Corporation Name Deland Outdoor Art Festival					
2. Principal Office Address Suite, Apt. #, etc. Same City & State Zip			3. Mailing Office Address 1669 Tall Oaks Rd. Suite, Apt. #, etc. City & State Deland, Fla. Zip 32720 Country USA		


FILED
05 JUL 13 AM 9:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

4. Date Incorporated or Qualified To Do Business in Florida 6-11-81	Applied For Not Applicable
5. FEI Number 592440590	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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

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 	Date 7-11-05
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	Ann Gerard	980 Marjorie Rawlings Dr.	Deland, Fl. 32720
TD	Patricia Clausen	1669 Tall Oaks Rd.	Deland, Fl. 32720
VD	Patricia Clausen	1669 Tall Oaks Rd.	Deland, Fl. 32720
PD	Tom Clausen	1669 Tall Oaks Rd.	Deland, Fl. 32720
			500057719495 07/20/05--01055--007 **61.25
			8/7/09

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 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	 Date 7-11-05 Daytime Phone # 386-717-1888

CR2E081 (01/05)