

# 2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# 758722

FILED  
Oct 08, 2008  
Secretary of State

**Entity Name:** DELAND OUTDOOR ART FESTIVAL, INC.

**Current Principal Place of Business:**

1669 TALL OAKS ROAD  
DELAND, FL 32720

**New Principal Place of Business:**

**Current Mailing Address:**

1669 TALL OAKS ROAD  
DELAND, FL 32720

**New Mailing Address:**

**FEI Number:** 59-2440590      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

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

CLAUSEN, TOM  
1669 TALL OAKS ROAD  
DELAND, FL 32720 US

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: TOM CLAUSEN

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: S ( ) Delete  
Name: COX, MARTY  
Address: 906 MCGREGOR ROAD  
City-St-Zip: DELAND, FL 32720

Title: T ( ) Delete  
Name: CLAUSEN, PATRICIA  
Address: 1669 TALL OAKS ROAD  
City-St-Zip: DELAND, FL 32720

Title: P ( ) Delete  
Name: CLAUSEN, TOM  
Address: 1669 TALL OAKS ROAD  
City-St-Zip: DELAND, FL 32720

Title: V ( ) Delete  
Name: CLAUSEN, PATRICIA  
Address: 1669 TALL OAKS RD.  
City-St-Zip: DELAND, FL 32720

Title: R ( ) Delete  
Name: PASCOE, ANNA  
Address: 225 SOUTH BROOKS AVE.  
City-St-Zip: DELAND, FL 32720

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: PATRICIA CLAUSEN

VP

10/08/2008

Electronic Signature of Signing Officer or Director

Date