

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10/2

CORPORATION  
RESTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

DIVISION OF CORPORATIONS

FILED  
01 NOV 14 AM 9:04  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT # 765245

1. Corporation Name  
ARTS COUNCIL OF VOLUSIA COUNTY, INC.

2. Principal Office Address  
1910 RIDGEMOOD AVE  
Suite, Apt. #, etc.

City & State  
HOLLY HILL FL

3. Mailing Office Address  
W01-21353  
P.O. Box 290850  
Suite, Apt. #, etc.

City & State  
PORT ORANGE FL

Zip Country  
32117 USA

Zip Country  
32129 USA

4. Date Incorporated or Qualified To Do Business in Florida  
9/30/82

5. FEI Number  
59-2245895  
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  
HENRY T. MASON  
300004718373--0  
-1211101-01067-022  
\*\*\*33.00 \*\*\*\*245.00

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

Suite, Apt. #, Etc.

City  
PORT ORANGE

State Zip Code  
FL 32127

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  
H. J. Masm  
REGISTERED AGENT MUST SIGN

Date  
10/20/01

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
D	BRADFORD G BUDD PRES	3840S RIDGEMOOD AVE	PORT ORANGE FL
D	ANN BRADY SECY	1414 ART CENTER AVE	NEW SMYRNA BEACH FL 32168
D	HENRY T. MASON TREAS	900 SMOKERISE BLVD	PORT ORANGE FL 32127

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: H. J. Masm HENRY T. MASON  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

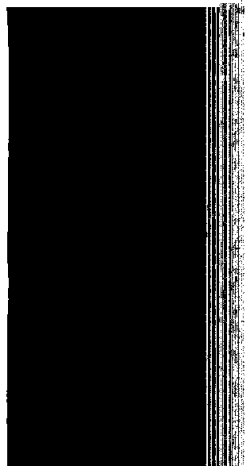
Date  
10/20/01

Daytime Phone #  
(386) 2964186

CR2EB01 (9/00)

ARTS COUNCIL OF VOLUSIA COUNTY, INC.  
P.O. Box 290850  
Port Orange, FL 32129-0850

201



November 9, 2001

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

Attn: Sean Toner  
Personal and Confidential

Thank you for your letter of November 5, 2001, a copy of which is attached. You will find the resubmitted reinstatement form as well as a check in the amount of \$245.00, as indicated in your letter, has been enclosed.

I would appreciate any effort you expend to expedite this matter since I am also attempting to file for use of the fictitious name "Volusia County Cultural Alliance". I have submitted the registration form for the fictitious name for the third time and received two rejections because of the lack of reinstatement. I thought we had been reinstated when I submitted the third request on the basis of reading your web site as our having been reinstated. I would just like to bring this situation to a close.

Sincerely,

*H. J. Mason*

Hank Mason, Treasurer

Encl.

