

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
02 SEP 25 PM 12:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # J91971

1. Corporation Name

ART SPACE, INC.

300008048383--4

-09/26/02--01035--008

***1650.00 ***1650.00

2. Principal Office Address

10 FIFTH STREET NORTH

3. Mailing Office Address

10 FIFTH STREET NORTH

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

St. Petersburg, FL

City & State

St. Petersburg, FL

Zip

33701

Country

USA

Zip

33701

Country

USA

REINSTATEMENT 96-02

4. Date Incorporated or Qualified
To Do Business in Florida

09/14/1987

5. FEI Number

59-2848949

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

William L. Killingsworth

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

6640 Bay Street

Suite, Apt. #, Etc.

City

St. Pete Beach

State
FL

Zip Code

33706

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

William L. Killingsworth

REGISTERED AGENT MUST SIGN

Date

9/21/02

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
DCP	William L. Killingsworth	6640 Bay Street	St. Pete Beach, FL 33706

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:

William L. Killingsworth

William L. Killingsworth

9/10/02

Daytime Phone #

727-804-7007

CR2E081 (9/01)

9/25/02