

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # NO00000000207

1. Corporation Name

A Day at the Art Center, Inc

2. Principal Office Address

865 Townsend Blvd.

Suite, Apt. #, etc.

3. Mailing Office Address

865 Townsend Blvd.

Suite, Apt. #, etc.

City & State

Jacksonville, FL

City & State

Jacksonville, FL

Zip

32211

Country

USA

Zip

32211

Country

USA

REINSTATEMENT

CR2E081 (12/05)

01-06

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

11-3789093

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$6.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Brenda Watford

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

8453 Spicewood Dr.

Suite, Apt. #, Etc.

PH

City

Jacksonville

State

FL

Zip Code

32216

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

Brenda Watford

Date

9-26-06

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
PVD	Brenda Watford, PVP/E	8453 Spicewood Dr.	Jacksonville, FL 32216
V	Joseph Watford, VP	8453 Spicewood Dr.	Jacksonville, FL 32216
D	Patsy Brewer, D	871 Townsed Blvd.	Jacksonville, FL 3221
M	Deborah Bell - M	6719 Columbine Dr.	Jacksonville, FL 3221
S	Helen Penn - S	2640 Trollie Lane	Jacksonville, FL 32211

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 contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

904-
9-26-06 445-8944

282

Sept 26, 06

Please receive the reinstatement
payment^{367.50} and waive the^{prior} fees
due to me not receiving the
annual notice.

Thank you

Bruce W. Ford

904-445-8944