

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 FEB -3 AM 9:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **NO1000004508.**

1. Corporation Name

ORPHAN ART INC

2. Principal Office Address

1827 LOMA LINDA ST.

Suite, Apt. #, etc.

City & State

SARASOTA, FL

Zip

34239

Country

USA

3. Mailing Office Address

1827 LOMA LINDA ST

Suite, Apt. #, etc.

City & State

SARASOTA FL.

Zip

34239

Country

USA

REINSTATEMENT

03-04

4. Date Incorporated or Qualified
To Do Business in Florida

JUNE - 25, 2001

5. FEI Number

65-1119989

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

BRICE KELLER

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

1827 LOMA LINDA ST

Suite, Apt. #, Etc.

City

SARASOTA

State

FL

Zip Code

34239

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

Brice Keller

REGISTERED AGENT MUST SIGN

Date **JAN - 29 - 2004**

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
CEO	BRICE KELLER D	1827 LOMA LINDA ST	SARASOTA FL 34239
MD	ALICIA WORTHINGTON	1827 LOMA LINDA ST	SARASOTA FL. 34239
AT	KEN SWAIN T	1132 CRESANT ST	SARASOTA FL. 34242

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:

Brice Keller

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/28/04 941-232-4721

Date

Daytime Phone #

CR2E081 (10/02)