

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
00 DEC 15 PM 12:41

DOCUMENT # N01996

1. Corporation Name

CULTURAL ARTS CENTER, INC.

2. Principal Office Address

600 N. Woodland Blvd.

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

DeLand, Florida

City & State

4. Date Incorporated or Qualified  
To Do Business in Florida

3/16/84

5. FEI Number

59-2551097

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

Zip

32720

Country

USA

Zip

Country

7. Name and Address of Current Registered Agent

Name

Margaret Lee

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

428 N. Woodland Boulevard

Suite, Apt. #, Etc.

City

DeLand

State  
FL

Zip Code  
32720

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

*Margaret E. Lee*

Date 12/12/00

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
D	Margaret Lee	428 N. Woodland Blvd.	DeLand, FL 32720
D	Nancy Dascher	3350 BlackWillow Trail	DeLand, FL 32724
D	Pamela Rintz	39 Lyon Drive	DeLand, FL 32724

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:

*Margaret E. Lee*

12/12/00

Date

Daytime Phone #



December 12, 2000

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

To Whom It May Concern:

The Cultural Arts Center respectfully asks that the non-profit reinstatement fee be waived. The annual filing fee was sent to your office in July or August with the appropriate form. However, the form was filled out incorrectly and sent back to us. Through a series of personnel changes, the form sent for correction was misplaced.

We hope that the attached reinstatement form is correct and that you will consider the circumstances and kindly waive the fee.

Sincerely,

Margaret Lee  
President  
The Cultural Arts Center