

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 DEC 23 PM 1:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N02000000773

1. Corporation Name

Excellence Through the Arts, Inc.

REINSTATEMENT 03

2. Principal Office Address

220 E. Madison Street

Suite, Apt. #, etc.

Suite 1223

City & State

Tampa, Florida

Zip

33602

Country

USA

3. Mailing Office Address

220 E. Madison Street

Suite, Apt. #, etc.

Suite 1223

City & State

Tampa, Florida

Zip

33602

Country

USA

000025721050
12/23/03--01015--025 **245.00

**4. Date Incorporated or Qualified
To Do Business in Florida**

2/1/2002

5. FEI Number

None

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

Johnny Lowery

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

2510 E. Yukon Street

Suite, Apt. #, Etc.

City

Tampa

State

FL

Zip Code

33604

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

REGISTERED AGENT MUST SIGN

Date **December 19, 2003**

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
PD	Johnny Lowery	2510 E. Yukon Street	Tampa, Florida 33604
TD	Douglas J. Mortellaro	18125 U.S. Highway 41 N. #206	Lutz, Florida 33549
VD	Santos H. Rodriguez	2325 Lake Ellen Drive	Tampa, Florida 33618
			<i>Signature</i>

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:

Johnny Lowery

12/18/03

(813)361-4490

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (10/02)