

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

09 OCT -5 AM 9:38

DOCUMENT #

1. Corporation Name

N02000003070
DOWNTOWN ARTS ASSOCIATION

600161326886
10/05/09--01045--002 **131.25

2. Principal Office Address - No P.O. Box #

2955 CENTRAL AVENUE

Suite, Apt. #, etc.

3. Mailing Office Address

2955 CENTRAL AVE

Suite, Apt. #, etc.

City & State

St. PETERSBURG, FL

Zip

33713

Country

USA

City & State

St. PETERSBURG, FL

Zip

33713

Country

USA

CR2E081 (12/08)

4. Date Incorporated or Qualified
To Do Business in Florida

4/22/02

5. FEI Number

431972301

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

JEFF SCHORR

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

2955 CENTRAL AVE

Suite, Apt. #, Etc.

City

St. PETERSBURG

State

FL

Zip Code

33713

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

10/2/09

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
Dir	JEFF SCHORR	2955 CENTRAL AVENUE	St. PETERSBURG, FL 33713
Dir	CAROL GRAY	300 2ND AVE NE #1011	St. PETERSBURG, FL 33701
Dir	BRADLEY ERICKSON	2955 CENTRAL AVENUE	St. PETERSBURG, FL 33713
REINSTATEMENT 08-09 B. 10/6/09			

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] JEFF SCHORR
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/2/09 (727) 323-2787

Daytime Phone #