

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N02000007355

1. Corporation Name

Gainesville Artists Cooperative, INC

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

2049 NE 16th Terrace

Suite, Apt. #, etc.

City & State

Gainesville, FL

Zip

32609

Country

US

3. Mailing Office Address

2049 NE 16th Terrace

Suite, Apt. #, etc.

City & State

Gainesville, FL

Zip

32609

Country

US

4. Date Incorporated or Qualified  
To Do Business in Florida

09/24/2002

5. FEI Number

06-1651804

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

Troy Rosslow

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

2049 NE 16th Terrace

Suite, Apt. #, Etc.

City

Gainesville

State

FL

Zip Code

32609

☒ 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

Date 02/16/2010

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
P	Troy Rosslow	2049 NE 16th Terrace	Gainesville, FL 32609
S	Jessica Goldberg	2049 NE 16th Terrace	Gainesville, FL 32609
VP	Jeff Williams	1338 NW 13th Street	Gainesville, FL 32601
T	Sabrina Williams	1338 NW 13th Street	Gainesville, FL 32601

10. E-mail Address: troyrosslow@gmail.com

(To be used for future annual report notification)

11. 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, I further certify, 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:

Troy Rosslow

02/16/2010 352-262-5573

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

10 FEB 22 PM 1:36

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

600170163166  
02/23/10--01002--024 \*\*183.75

REINSTATEMENT

CR2E081 (11/09)

08-10