

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N03000008965**

1. Corporation Name

Art one ARTS INITIATIVE, INC.

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

5155-32 AVE. N. P.O. BOX 11141
Suite, Apt. #, etc.

3. Mailing Office Address

5155-32 AVE. N. P.O. BOX 11141
Suite, Apt. #, etc.

City & State

ST. PETERSBURG, FL ST. PETERSBURG, FL

Zip Country

33710 USA

Zip Country

33733 USA

7. Name and Address of Current Registered Agent

Name **Terry Bartlett**

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

7173-63 STR. N.

Suite, Apt. #, Etc.

City **Pinellas Park**

State

FL

Zip Code

33781

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

Terry Bartlett
REGISTERED AGENT MUST SIGN

Date **6/28/14**

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
Pres	Deborah Heffern	102 mindy DR	Largo, FL 33771
VP	Terry Bartlett	7173-63 STR. N.	Pinellas Park, FL 33781
Sec	David Frank Powers	801-41 Ave. N.	ST. PETERSBURG, FL 33703
Treas	CAROLYN DAY	5155-32 Ave. N.	ST. PETERSBURG, FL 33710
Dir	Rebecca Mary Enye	750-23 Ave. N.	ST. PETERSBURG, FL 33704

10. E-mail Address: **rbday@verizon.net**

(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., and 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

Carolyn Day
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **6-20-14** Daytime Phone # **526-2308**

FILED

14 JUL 31 AM 10:09

SECRETARY OF STATE
TALLAHASSEE, FL 32304

REINSTATEMENT

2013-2014
CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

10-15-2003

5. FEI Number

51-0500014

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

Yes

600261960676

07/31/14--01022--002 **70.00

600261960676

07/03/14--01013--004 **236.25