

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

10 MAR 16 AM 7:52

DOCUMENT # N03000009267

1. Corporation Name

Venice Circus Arts Foundation, Inc.

REINSTATEMENT 04-10

500166854355

01/21/10--01043--006 **367.50
CR2E081 (11/09)

3/16/10

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

432 Spadaro Drive

Suite, Apt. #, etc.

Principal Office Address

432 Spadaro Drive

Suite, Apt. #, etc.

City & State

Venice

City & State

Venice

Zip

34285

Country

Sarasota

Zip

34285

Country

Sarasota

4. Date Incorporated or Qualified
To Do Business in Florida

10/23/2003

5. FEI Number

87-0712483

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

Victor D Gaona

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

432 Spadaro Drive

Suite, Apt. #, Etc.

City

Venice

State

FL

Zip Code

34285

☒ 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

Victor D Gaona

REGISTERED AGENT MUST SIGN

Date 12/18/09

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
D	Armando Gaona	428 Spadaro Drive	Venice, FL 34285
D	Victor D Gaona	432 Spadaro Drive	Venice, FL 34285
D	Lawrence A. Ryan	151 Bridges Rd.	Southport, NC 28461

10. E-mail Address: N9268M@yahoo.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

Lawrence A. Ryan

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/18/09

Date

Daytime Phone #

941-486-8662