

2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
Nov 08, 2005
Secretary of State

DOCUMENT# N04000000195

Entity Name: ASIAN ARTS CENTER OF PENSACOLA, INC.

Current Principal Place of Business:

15 SIMON CT
PENSACOLA, FL 32505 US

New Principal Place of Business:

Current Mailing Address:

15 SIMON CT
PENSACOLA, FL 32505 US

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

JONES, RON B JR
15 SIMON CT
PENSACOLA, FL 32505 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: RON B JONES JR

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PRES () Delete
Name: JONES, RON B JR
Address: 15 SIMON CT
City-St-Zip: PENSACOLA, FL 32505 US

Title: VP () Delete
Name: DAMASO, EVELYN
Address: 5134 HIGH POINT RD
City-St-Zip: PENSACOLA, FL 32505 US

Title: SECT () Delete
Name: RUSHING, KIM
Address: 58 STAR LAKE DR
City-St-Zip: PENSACOLA, FL 32507 US

Title: TRES () Delete
Name: RUSHING, KIM
Address: 58 STAR LAKE DR
City-St-Zip: PENSACOLA, FL 32505 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RON B JONES JR

Electronic Signature of Signing Officer or Director

PRES

11/08/2005

Date