

# **2011 NOT-FOR-PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# N04000005133

**FILED**  
**Jan 19, 2011**  
**Secretary of State**

**Entity Name:** CORAL SPRINGS FESTIVAL OF THE ARTS, INC.

**Current Principal Place of Business:**

2900 UNIVERSITY DR  
POMPANO BEACH, FL 33065 US

**New Principal Place of Business:**

2900 UNIVERSITY DR  
CORAL SPRINGS, FL 33065 US

**Current Mailing Address:**

2900 UNIVERSITY DR  
POMPANO BEACH, FL 33065 US

**New Mailing Address:**

2900 UNIVERSITY DR  
CORAL SPRINGS, FL 33065 US

**FEI Number:** 20-1152326

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

RICHARDS, SHIRLEY K  
5494 NW 66 AVE  
POMPANO BEACH, FL 33067 US

**Name and Address of New Registered Agent:**

RICHARDS, SHIRLEY K  
5494 NW 66 AVE  
CORAL SPRINGS, FL 33067 US

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: SHIRLEY K RICHARDS

01/19/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: RICHARDS, SHIRLEY K  
Address: 5494 NW 66 AVE  
City-St-Zip: POMPANO BEACH, FL 33067 US

Title: VP  
Name: RAHAEL, GISELE  
Address: 2900 UNIVERSITY DRIVE  
City-St-Zip: CORAL SPRINGS, FL 33065 US

Title: TS  
Name: BRITE, PAUL  
Address: 10197 RAMBLEWOOD DRIVE  
City-St-Zip: CORAL SPRINGS, FL 33071

I hereby 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 all other like empowered.

SIGNATURE: SHIRLEY K. RICHARDS

PRES

01/19/2011

Electronic Signature of Signing Officer or Director

Date