

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N04000009562

1. Corporation Name

CHOMODESIGN CENTER OF PERFORMING ART INC.

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

2546 6th Avenue South

Suite, Apt. #, etc.

3. Mailing Office Address

Post Office Box 13276

Suite, Apt. #, etc.

City & State

St. Petersburg, Florida

City & State

St. Petersburg, Florida

Zip

33712

Country

USA

Zip

33733-3276

Country

USA

4. Date incorporated or Qualified
To Do Business in Florida

10/07/2004

5. FEI Number

41-2154189

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

New Life Paralegal and Financial Services, L.L.C.

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

1221 22nd Street South

Suite, Apt. #, Etc.

Suite C

City

St. Petersburg

State

FL

Zip Code

33712

☒ 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

Timberly Sanders
REGISTERED AGENT MUST SIGN

Date 02/18/2010

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/P	Anthony Mosley	2546 6th Avenue South	St. Petersburg, Florida 33712
D/V	Vernon Office	2546 6th Avenue South	St. Petersburg, Florida 33712
D/S/T	Marla Wade	2546 6th Avenue South	St. Petersburg, Florida 33712
D/M	Germico Styles	2546 6th Avenue South	St. Petersburg, Florida 33712
D/M	Chon Mosley	2546 6th Avenue South	St. Petersburg, Florida 33712

10. E-mail Address: rasdred@hotmail.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:

Anthony Mosley

Anthony Mosley

02/18/2010 727-678-9071

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

EXAMINER

REINSTATEMENT 2008-2010

FEB 23 2010

CHOMODESIGN CENTER OF PERFORMING ARTS, INC.

Email: rasdred@hotmail.com

POST OFFICE BOX 13276

ST. PETERSBURG, FLORIDA 33733-3276

727-678-9071

February 17, 2010

Florida Secretary of State
Division of Corporations
Post Office Box 6327
Tallahassee, Florida 32314

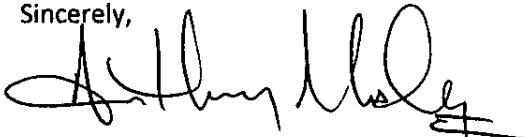
RE: CHOMODESIGN CENTER OF PERFORMING ART INC.-N04000009562
Application for Corporation Reinstatement

To whom it may concern:

Please find enclosed a completed application for corporation reinstatement on behalf of **CHOMODESIGN CENTER OF PERFORMING ART INC.** Our company has received no prior notice(s) regarding the filing of annual reports as required by law. Therefore, we are enclosing a money order in the amount of \$183.75 to cover the annual report fee for each year dissolved (Years 2008-2010).

Thank you for your time and cooperation in this matter. Kindly contact me at the above-listed number should you have further questions and/or concerns.

Sincerely,



Anthony Mosley
President/Director

CC: Enclosure(s)

kds/AM