

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

09 JUN 15 PM 3:05

DOCUMENT # N05000000287

1. Corporation Name

CLEAN ACTS SCHOOL OF THE ARTS, INC

700156669397  
06/02/09--01008--016 \*\*428.75

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

4336 BETHWOOD CIR

Suite, Apt. #, etc.

N/A

3. Mailing Office Address

P.O. BOX 442035

Suite, Apt. #, etc.

N/A

City & State

JACKSONVILLE, FL

City & State

JACKSONVILLE, FL

Zip

32205

Country

U.S.A.

Zip

32222

Country

U.S.A.

4. Date Incorporated or Qualified  
To Do Business in Florida

JANUARY 10, 05

5. FEI Number

26-0104276

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

REGINALD BERNARD HOUSTON, SR.

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

4336 BETHWOOD CIR

Suite, Apt. #, Etc.

N/A

City

JACKSONVILLE, -

State

FL

Zip Code

32205

☐ 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

Reginald B. Houston Sr.

REGISTERED AGENT MUST SIGN

Date

05/23/09

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
President	FRANKLIN STEVENS	245 HANNA STABLES	JACKSONVILLE, FL 32244
MEMBER	JAMES STANFORD	P.O BOX 2906	JACKSONVILLE, FL 32073
MEMBER	ARTHUR LEVINE	1520 MESA DR	JACKSONVILLE, FL 32221
DIR	REGINALD B. HOUSTON, SR.	4336 BETHWOOD CIR	JACKSONVILLE, FL 32205

10. 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 and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. 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:

Reginald B. Houston, Sr.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05/23/09

Date

904 7045

Daytime Phone #