

2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N08000007851

FILED
Nov 05, 2009
Secretary of State

Entity Name: OVATIONS SCHOOL FOR THE ARTS INC.

Current Principal Place of Business:

5741 53RD AVE. NORTH
KENNETH CITY, FL 33709

New Principal Place of Business:

8055 COUNTRY CLUB RD N
ST PETERSBURG, FL 33710

Current Mailing Address:

5741 53RD AVE. NORTH
KENNETH CITY, FL 33709

New Mailing Address:

PO BOX 60056
ST PETERSBURG, FL 33784

FEI Number: 26-3210563 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **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:

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145 US

Name and Address of New Registered Agent:

KEELIN, CARA S DPS
8055 COUNTRY CLUB RD N
ST PETERSBURG, FL 33710 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: CARA S KEELIN

11/05/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DPS () Delete
Name: KEELIN, CARA
Address: 5741 53RD AVE. NORTH
City-St-Zip: KENNETH CITY, FL 33709

Title: DT () Delete
Name: KEELIN, MATTHEW
Address: 5741 53RD AVE. NORTH
City-St-Zip: KENNETH CITY, FL 33709

Title: DVP () Delete
Name: ZAYAS, RICARDO
Address: 5741 53RD AVE. NORTH
City-St-Zip: KENNETH CITY, FL 33709

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPS (X) Change () Addition
Name: KEELIN, CARA
Address: PO BOX 60056
City-St-Zip: ST PETERSBURG, FL 33784

Title: DT (X) Change () Addition
Name: KEELIN, MATTHEW
Address: PO BOX 60056
City-St-Zip: ST PETERSBURG, FL 33784

Title: DVP (X) Change () Addition
Name: ZAYAS, RICARDO
Address: PO BOX 60056
City-St-Zip: ST PETERSBURG, FL 33784

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: CARA S KEELIN

DPS

11/05/2009

Electronic Signature of Signing Officer or Director

Date