

# 2014 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N08000007851

**FILED**  
**Dec 03, 2014**  
**Secretary of State**

**Entity Name:** OVATIONS SCHOOL FOR THE ARTS INC.

**Current Principal Place of Business:**

9945 66TH ST N  
PINELLAS PARK, FL 33782 US

**New Principal Place of Business:**

5942 48TH AVE N  
KENNETH CITY, FL 33709 US

**Current Mailing Address:**

PO BOX 48271  
ST PETERSBURG, FL 33743 US

**New Mailing Address:**

FEI Number: 26-3210563      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

KEELIN, CARA S DPS  
9945 66TH ST N  
PINELLAS PARK, FL 33782 US

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

KEELIN, CARA S DPS  
5942 48TH AVE N  
KENNETH CITY, FL 33709 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

12/03/2014

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DP  
Name: KEELIN, CARA  
Address: PO BOX 48271  
City-St-Zip: ST PETERSBURG, FL 33743 US

Title: DVP  
Name: WEAVER, JAMES  
Address: PO BOX 48271  
City-St-Zip: ST PETERSBURG, FL 33743 US

Title: DS  
Name: ROSS, THERESA  
Address: PO BOX 48271  
City-St-Zip: ST PETERSBURG, FL 33743 US

Title: DT  
Name: RODRIGUEZ, MICHELLE  
Address: PO BOX 48271  
City-St-Zip: ST PETERSBURG, FL 33743 US

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: CARA S KEELIN

DP

12/03/2014

Electronic Signature of Signing Officer or Director

Date