

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

01 OCT -1 PM 12:52

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** N21279

**1. Corporation Name**

Lake Mary-Heathrow Festival  
of the Arts Inc

**2. Principal Office Address**

213 Country Club Road

Suite, Apt. #, etc.

**3. Mailing Office Address**

P.O. Box 950128

Suite, Apt. #, etc.

**City & State**

Lake Mary, Florida

Zip Country

32746 USA

**City & State**

Lake Mary, Florida

Zip Country

32795 USA

**4. Date Incorporated or Qualified  
To Do Business in Florida**

**5. FEI Number**

59-2822893

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**

Delores M. Lash

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

213 Country Club Road

Suite, Apt. #, Etc.

**City**

Lake Mary

**State**

FL

**Zip Code**

32746

900004628315-9

10/09/01-01021-005

\*\*\*\*175.00 \*\*\*\* 75.00

**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

*Delores M. Lash*

REGISTERED AGENT MUST SIGN

Date

9/28/01

**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
P	Delores M. Lash	213 Country Club Lake Mary, FL	Lake Mary, Florida 32746
T	Kari M. Picon	139 Estates Circle	Lake Mary, Florida 32746
S	Gigi Senador	4240 West Lake Mary Blvd	Lake Mary, Florida 32746
D	Mary Marko	1450 Cove Hill Court	Longwood, Florida 32750

**REINSTATEMENT** 01

**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 under section 119.07(3)(i), 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:**

*Kari Picon*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Kari Picon-Treasurer 9/28/01

Date

Daytime Phone #

(407) 823-2462

CR2E081 (9/00)

**CT CORPORATION SYSTEM**

CORPORATION(S) NAME

Lake Mary-Heathrow Festival of the Arts Inc.

- |                                              |                                                   |                                             |
|----------------------------------------------|---------------------------------------------------|---------------------------------------------|
| <input type="checkbox"/> Profit              | <input type="checkbox"/> Amendment                | <input type="checkbox"/> Merger             |
| <input type="checkbox"/> Nonprofit           |                                                   |                                             |
| <input type="checkbox"/> Foreign             | <input type="checkbox"/> Dissolution/Withdrawal   | <input type="checkbox"/> Mark               |
|                                              | <input checked="" type="checkbox"/> Reinstatement |                                             |
| <input type="checkbox"/> Limited Partnership | <input type="checkbox"/> Annual Report            | <input type="checkbox"/> Other              |
| <input type="checkbox"/> LLC                 | <input type="checkbox"/> Name Registration        | <input type="checkbox"/> Change of RA       |
|                                              | <input type="checkbox"/> Fictitious Name          | <input type="checkbox"/> UCC                |
| <input type="checkbox"/> Certified Copy      | <input type="checkbox"/> Photocopies              | <input type="checkbox"/> CUS                |
| <input type="checkbox"/> Call When Ready     | <input type="checkbox"/> Call If Problem          | <input type="checkbox"/> After 4:30         |
| <input checked="" type="checkbox"/> Walk In  | <input type="checkbox"/> Will Wait                | <input checked="" type="checkbox"/> Pick Up |
| <input type="checkbox"/> Mail Out            |                                                   |                                             |

**RECEIVED**  
 01 OCT - 1 AM 11:31  
 DEPARTMENT OF STATE  
 DIVISION OF CORPORATIONS  
 TALLAHASSEE, FLORIDA

Name \_\_\_\_\_  
 Availability \_\_\_\_\_  
 Document \_\_\_\_\_  
 Examiner \_\_\_\_\_  
 Updater \_\_\_\_\_  
 Verifier \_\_\_\_\_  
 W.P. Verifier \_\_\_\_\_

10/1/01

Order#: 4820332

Ref#: \_\_\_\_\_

Amount: \$ \_\_\_\_\_

*MS*

660 East Jefferson Street  
 Tallahassee, FL 32301  
 Tel. 850 222 1092  
 Fax 850 222 7615