

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

99 OCT 28 PM 7:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N24888

1. Corporation Name

THE CENTER OF MODERN ART, INC.

Principal Place of Business

Mailing Address

1906 SW 48TH AVE
GAINESVILLE FL 32608

1906 SW 48TH AVE
GAINESVILLE FL 32608

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

2246 SW 43RD PL
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

2246 SW 43RD PL
Suite, Apt. #, etc.

4. Date Incorporated or Qualified
To Do Business In Florida

02/17/1988

5. FEI Number

59-2874184

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
TD	WILLIAMSON, DEBBIE MURPHY, BARBARA	1906 SW 48TH AVE 2246 SW 43RD PL	GAINESVILLE FL 32608
PD	WEST, ELLEN	2229 SW 56TH AVE	GAINESVILLE FL
VD	GRODEY, MICHAEL ZIMOWSKA-HANDLER, GRAZYNA	4303 NW 108TH AVE 6825 NW 52ND TER	GAINESVILLE FL 32653
SD	MASON, JUNIA	P O BOX 5542 N/A	GAINESVILLE FL
			800003034128--5 -11/03/99--01065--006 ***236.25 ***236.25

8. Name and Address of Current Registered Agent

WILLIAMSON, DEBBIE
1906 SW 48TH AVE
GAINESVILLE FL 32608

9. Name and Address of New Registered Agent

Name
BARBARA MURPHY
Street Address (P.O. Box Number is Not Acceptable)
2246 SW 43RD PL
Suite, Apt. #, Etc.

City
GAINESVILLE

State
FL

Zip Code
32608

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

B Murphy

REGISTERED AGENT MUST SIGN

Date 10/26/99

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 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.

KE

(352)

SIGNATURE:

B Murphy

BARBARA MURPHY

10/26/99

376-3449

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR20040 (8/99)