

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # N38907

1. Corporation Name

BIGSUN ARTSFEST, INC.

Principal Place of Business

Mailing Address

2100 S.E. 17TH ST.

2100 S.E. 17TH ST.

#300

#300

OCALA FL 34471

OCALA FL 34471

US

US

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

808 SE Fort King St

808 SE Fort King St

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Ocala, FL

City & State

Ocala, FL

Zip

34471

Country

US

Zip

34471

Country

US

REINSTATEMENT

00

FILED
00 OCT 30 AM 9:16

SECRETARY OF STATE
TALLAHASSEE FLORIDA



4. Date Incorporated or Qualified
To Do Business in Florida

06/29/1990

5. FEI Number

59-3023087

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
DP	ZUKOSKI, JOSEPH J JR.	1500 S.E. 17TH ST. BLDG 400	OCALA FL 34471
DVST	MORRIS, BEVERLY A	2100 S.E. 17TH ST. BLDG 300 808 SE Ft. King St	OCALA FL 34471
D	MCCALL, BETH	7075 SE 12TH CIRCLE	OCALA FL 34480
			000003468930--7 -11/17/00--01073--013 ***236.25 ***236.25

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MORRIS, BEVERLY A
2100 SE 17TH ST #300
OCALA FL 34471

Name

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

808 SE Fort King St

Suite, Apt. #, Etc.

City

Ocala

State

FL

Zip Code

34471

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

Beverly A. Morris

Date

10-18-00

REGISTERED AGENT MUST SIGN

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)(l), 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

SIGNATURE:

Beverly A. Morris

10-18-00

Date

352-369-1300

Daytime Phone #

CR2E040 (8/00)