

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.


FILED

02 MAY 23 AM 9:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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REINSTATEMENT 99-02

CORPORATION REINSTATEMENT 		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N-47099 1. Corporation Name THE CREATIVE ARTS FOUNDATION, INC.			
2. Principal Office Address 1624 Lake Mirror Dr.		3. Mailing Office Address SAME	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Winter Haven, FL.		City & State	
Zip 33881	Country POLK	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida 01/29/92	
5. FEI Number 59-1742463	Applied For <input checked="" type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent	
Name Dexter H. Daniels, Jr.	
Street Address (P.O. Box Number is Not Acceptable) 1624 Lake Mirror Dr.	
Suite, Apt. #, Etc.	
City Winter Haven, FL.	State FL
Zip Code 33881	

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 *Dexter H. Daniels, Jr.* Date 5/21/02

REGISTERED AGENT MUST SIGN

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.D.	Daniels, Dexter H. Jr.	1624 Lake Mirror Dr.	Winter Haven, FL. 33881
D.	Daniels, Velma Seawell	1624 Lake Mirror Dr.	Winter Haven, FL. 33881
D.	Dull, Tess D.	819 Elbert Park Dr.	Winter Haven, FL. 33880

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: *Dexter H. Daniels, Jr.* Date 863-224-1120

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E081 (9/01)