

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED
02 MAY 23 AM 9:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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-06/11/02--01002--023
****420.00 ****420.00

REINSTATEMENT 99-02

DOCUMENT # **N-47099**

1. Corporation Name

THE CREATIVE ARTS FOUNDATION, INC.

2. Principal Office Address

1624 Lake Mirror Dr.

Suite, Apt. #, etc.

City & State

Winter Haven, FL.

Zip

33881

Country

POLK

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

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

01/29/92

5. FEI Number

59-1742463

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

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.
REGISTERED AGENT MUST SIGN

Date 5/21/02

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.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

863-224-1120

Daytime Phone #

CR2E081 (9/01)