

# **2010 NOT-FOR-PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# N93000001833

**FILED**  
**Jan 13, 2010**  
**Secretary of State**

**Entity Name:** ARCADIA MAIN STREET PROGRAM, INC.

**Current Principal Place of Business:**

2 C WEST OAK STREET  
ARCADIA, FL 34266 US

**New Principal Place of Business:**

22 N. POLK AVE.  
ARCADIA, FL 34266 US

**Current Mailing Address:**

2 C WEST OAK STREET  
ARCADIA, FL 34266 US

**New Mailing Address:**

22 N. POLK AVE.  
ARCADIA, FL 34266 US

**FEI Number:** 65-0383160      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

AMES, PAM  
108 WEST OAK ST.  
ARCADIA, FL 34266 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: PAM AMES

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: TYSON, DENNIS  
Address: 10 S. POLK AVE  
City-St-Zip: ARCADIA, FL 34266

Title: VP  
Name: SUPER, JACK  
Address: 7692 SW ALBRITTON  
City-St-Zip: ARCADIA, FL 34266

Title: T  
Name: VELASCO, LUIS A  
Address: 126 S. HERNANDO AVE.  
City-St-Zip: ARCADIA, FL 34266

Title: S  
Name: HICKOX, CHRISTINA  
Address: 6777 NE ROAN ST  
City-St-Zip: ARCADIA, FL 34266

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: LUIS A. VELASCO

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01/13/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date