

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

98 OCT -7 PM 1:08

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N94000062717

1. Corporation Name

The Arts Council of Tyrone, Inc.

Principal Place of Business

Mailing Address

6421 22nd Avenue North  
St. Petersburg, FL 33710

Same

REINSTATEMENT

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

4. Date Incorporated or Qualified  
To Do Business in Florida

Suite, Apt. #, Etc.

Suite, Apt. #, Etc.

5. FEI Number

Applied For

City & State

City & State

☒ Not Applicable

Zip

Country

Zip

Country

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 (Do NOT Use Post Office Box Numbers)	City / State / Zip
1	2	3	4
P	Lanny O. Calhoun	6800 31st Avenue North	St. Petersburg, FL 33710
V	Colleen M. Walker	5250 50th Avenue North	St. Petersburg, FL 33709
S	Margaret S. Reading	2360 62nd Street North	St. Petersburg, FL 33710
T	Peter Trauscht, Sr.	5101 33rd Avenue North	St. Petersburg, FL 33710
D	Linda Clark	6474 28th Avenue North	St. Petersburg, FL 33710
D	Marshall L. Brown	2630 Queen Street South	St. Petersburg, FL 33712

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Marshall L. Brown  
2630 Queen Street South  
St. Petersburg, FL 33712

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

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

REGISTERED AGENT MUST SIGN

Date

11. Does this corporation pay any intangible tax to the  
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(See other side for information  
on intangible tax.)

12. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LANNY O. CALHOUN 8/25/1998 813-381-2978

Date

Daytime Phone #