

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N94000003566**

1. Corporation Name

TAJIRI ARTS INCORPORATION

2. Principal Office Address

519 Palmetto Avenue
Suite, Apt. #, etc.

3. Mailing Office Address

5501 Univ. Club Blvd. No.
Suite, Apt. #, etc.

REINSTATEMENT

03-04

City & State

Sanford, Florida

City & State

Jacksonville, Florida

Zip

32771

Country

USA

Zip

32277

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

7-19-1994

5. FEI Number

593262070

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

Patricia M. Whatley

900026642009

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

5501 University Club Boulevard North

Suite, Apt. #, Etc.

129

City

Jacksonville

State

FL

Zip Code

32277

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

Patricia M. Whatley

REGISTERED AGENT MUST SIGN

Date

January 5, 2004

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
Chairman	Thomas Flewellyn	1754 Markham Glen Circle	Longwood, Florida 32750
Vice President	Kitty Ellison	6814 West Livingston	Orlando, Florida 32835
Secretary	John Simpson	523 Westport Drive	Longwood, Florida 32750
Treasurer	Willie Dennis	6858 Hidden Glade Place	Sanford, Florida 32771
Director	Patricia M. Whatley	5501 Univ. Club Blvd. No. Apt 129	Jacksonville, Florida 32277

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Patricia M. Whatley

Date

January 5, 2004-904-762-2445

Daytime Phone #

CR20081 (10/02)