2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N94000003798

Entity Name: PERFORMING ARTS ASSOCIATION, INC.

FILED Jan 14, 2008 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:

9339 ALT. A1A 1401 OLD DIXIE HIGHWAY

PALM BEACH GARDENS, FL 33403 # 105

LAKE PARK, FL 33403

Current Mailing Address: New Mailing Address:

9339 ALT. A1A 9228 E.HIGHLAND PINES BLVD. PALM BEACH GARDENS, FL 33403 PALM BEACH GARDENS, FL 33418

FEI Number: 65-0568208 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:

GORHAM, VERNON GORHAM, VERNON

9228 E. HÍGHLAND PINES BLVD. 9228 E.HIGHLAND PINES BLVD.

PALM BEACH GARDENS, FL 33418 US PALM BEACH GARDENS, FL 33418 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: VERNON GORHAM 01/14/2008

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP () Delete Title: () Change () Addition

 Name:
 GORHAM, VERNON
 Name:

 Address:
 9228 E. HIGHLAND PINES BLVD
 Address:

 City-St-Zip:
 PALM BEACH GARDENS, FL 33418
 City-St-Zip:

Title: DV () Delete Title: DV (X) Change () Addition

Name: GORHAM, NICOLE Name: MANCONE, MICHAEL

Address: 6465 GARRETT ST Address: 9228 EAST HIGHLAND PINES BLVD.
City-St-Zip: JUPITER, FL 33458 City-St-Zip: PALM BEACH GAEDENS, FL 33418

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: VERNON GORHAM RA 01/14/2008