

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Haras  
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #N95000003592 (1)

1. Corporation Name

Arts Base, Inc.

Principal Place of Business

223 North 12th Street  
Suite C  
Tampa, FL 33602

Mailing Address

223 North 12th Street  
Suite C  
Tampa, FL 33602

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

07/28/95

5. FEI Number

59-3328399

Applied For

Not Applicable

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
DIR	DAVID ROOSA	223 N. 12th St.	TAMPA, FL 33602
PRES	ANITA GARY	223 N. 12th St.	TAMPA, FL 33602
DIR	STEVE WARREN	223 N. 12th St.	TAMPA, FL 33602

8. Name and Address of Current Registered Agent

ANITA GARY  
~~Marian Winters~~  
223 N. 12th Street  
~~Suite C~~ STUDIO C  
Tampa, Florida 33602

9. Name and Address of New Registered Agent

Name C. Stephen Allen, Esq.  
Street Address (P.O. Box Number is Not Acceptable)  
4830 W. Kennedy Blvd.  
Suite, Apt. #, Etc.  
Suite 335  
City Tampa State FL Zip Code 33609

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

*C. Stephen Allen*  
REGISTERED AGENT MUST SIGN

Date 7/26/1999

11. This corporation owes the current year  
Intangible Personal Property Tax due June 30.

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 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., the taxes 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:

*David R. Roosa*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/27/99 209-9773  
Date Daytime Phone

FILED  
99 AUG 30 PM 12:42  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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REINSTATEMENT 98-99

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