PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 MAY 24 PM 3:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

800037055248
05/24/04--01097--008 **306.25

03-04

DOCUMENT # N95000005317

1. Corporation Name

Northland Foundation for the Arts and Education, Inc.

530 Dog Track Road
530 Dog Track Road

2. Principal Office Address	**3.** Mailing Office Address
530 Dog Track Road	530 Dog Track Road
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Longwood, FL	City & State: Longwood, FL
Zip: 32750 Country: USA	Zip: 32750 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida 11/08/1995

5. FEI Number 59-3347016 ☐ 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: Timothy Tracey

REINSTATEMENT

Street Address (P.O. Box Number is Not Acceptable): 1111 Arden Street

Suite, Apt. #, Etc.:

City: Longwood | State: FL | Zip Code: 32750

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: Timothy Tracey — REGISTERED AGENT MUST SIGN

Date: 5/19/04

CR2E081 (01/04)

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
D	Rainwater, Vernon	1019 Sapling Drive	Winter Springs, FL 32708
D	Tracey, Timothy	1111 Arden Street	Longwood, FL 32750

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: Vernon Rainwater — 05/19/2004 — (407) 830-7146

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #