

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 FEB 26 AM 10:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

~~Katherine Harris~~

Secretary of State

DIVISION OF CORPORATIONS

00-03

DOCUMENT # N9500000 5333

1. Corporation Name

CAPITAL CULTURAL CENTER INC

2. Principal Office Address

3500 SOUTH DUVAL ST

Suite, Apt. #, etc.

City & State

TLH FL

Zip
32301

Country
USA

3. Mailing Office Address

3500 SOUTH DUVAL ST

Suite, Apt. #, etc.

City & State

TLH FL

Zip
32301

Country
USA

200013141272
02/26/03--01060--005 **183.75

200013141272
02/26/03--01060--005 **183.75

**4. Date Incorporated or Qualified
To Do Business in Florida**

5. FEI Number

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

RENA MINAR

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

3500 SOUTH DUVAL STREET

Suite, Apt. #, Etc.

City

TALLAHASSEE

State
FL

Zip Code

32301

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

Rena Minar

REGISTERED AGENT MUST SIGN

Date

2/24/03

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
P/T	GUYAN CLARK	2236 ELLIOTT DR	TLH FL 32312
V/T	PAUL LEWIS	106 E. COURAGE AVE #800	TLH FL 32301
T/T	KATE KONRAD	4211 BUTTERCUP WAY	TLH FL 32311
S/T	ELIZABETH LANGFORD	5002 BRILL POINT	TLH FL 32312

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:

Rena Minar

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/24/03

Date

913.0700

Daytime Phone #

CR2E081 (9/01)

CAPITAL CULTURAL CENTER, INC.
350 South Duval Street
Tallahassee, FL 32301
850-513-0700 Telephone 850-513-0143 Fax

December 3, 2002

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

SUBJECT: APPLICATION FOR REINSTATEMENT

Enclosed is an application for reinstatement, a check in the amount of \$183.75 and articles of incorporation. The above named corporation has not been dissolved. The lack of filing the Uniform Business Report with the Division of Corporations over the last three years was due to mail being sent to an old address.

We request all penalties be waived and pay only the last three years' annual report filing fees. Should you have any questions or need additional information, I can be contact at 513-0700, extension 245. Your attention to this matter is greatly appreciated. Thank you.

Sincerely,



Lisa M. Perini
Operations Director

/LP
Attachments