

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

97 NOV -3 AM 7:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N96000003151

1. Corporation Name

FLORIDA ARTS & CULTURAL EDUCATION, INC.

Principal Place of Business

2937 BEACH BLVD
GULFPORT FL 33737

Mailing Address

2937 BEACH BLVD
GULFPORT FL 33737



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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

06/12/1996

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	FRANK, MARY	29097 THACKARY ST	NOBLETON FL 34661
D	STEPHENS, JENNY	2531 58 STREET SOUTH	GULFPORT FL 33707
D	DEBORAH DENISE Ciara Carinci	17445 GULF BLVD #230 3009-54 A/S	NORTH DEDINGTON BEACH FL 33708 Gulfport FL 33707
D	BEDDOW, ELIZABETH	5413-30 A/S	GULFPORT FL 33707
D	WENDY Katie Balogh	2937 BEACH BLVD 5301-31 A/S	GULFPORT FL 33707 Gulfport FL 33707
D	LODATO, JAME	P O BOX 430 N/A	NOBLETON FL 34661

8. Name and Address of Current Registered Agent

REIBER, JACOB I
27429 HWY 54 WEST
WESLEY CHAPEL FL 33544

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

Date

REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid 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 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

Date

Daytime Phone #