

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2009 OCT -9 A 11:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

N96000003938

1. Corporation Name

Art House Foundation, Inc.

2. Principal Office Address - No P.O. Box #

3515 Avocado Dr.

3. Mailing Office Address

3515 Avocado Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Ft. Myers, FL

City & State

Ft. Myers, FL

Zip

33901

Country

USA

Zip

33901

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

7/26/96

5. FEI Number

650682952

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$875 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

WILLIAM B. WELSHIRE

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

5249 SUMMERLIN COMMONS BLVD

Suite, Apt. #, Etc.

100

City

FORT MYERS, FL

State

FL

Zip Code

33907

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

William B. Welshire

Date **10/8/09**

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of	Street Address of Each	City / State / Zip
PD	W. Jeffrey Mudgett	3515 AVOCADO DR.	FORT MYERS, FL 33901

REINSTATEMENT

08-09

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 contained in Chapter 119, 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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/8/09

Date

239.332.1171

Daytime Phone #