PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FLORIDA DEPARTMENT OF STATE
Katherine Harris

N97000000238

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 JAN 25 PM 3:46

REINSTATEMENT

DOCUMENT #

1. Corporation Name

CORAL SPRINGS MUSEUM OF ART, INC.

99-00 (Cus)
MS 1-27-00

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-01/26/00--01002--011
****306.25 ****306.25

2. Principal Office Address	3. Mailing Office Address
2855 Coral Springs Drive	9551 W. Sample Road
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Coral Springs FL 33065	City & State: Coral Springs FL 33065
Zip: 33065 Country: USA	Zip: 33065 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: January 16, 1997

5. FEI Number: 650747980 ☐ 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: Samuel S. Goren, Esq.

Street Address (P.O. Box Number is Not Acceptable): Josias, Goren, Cherof, Doody & Ezrol 3099 East Commercial Blvd.

Suite, Apt. #, Etc.: 200

City: Fort Lauderdale State: FL Zip Code: 33308

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: Samuel S. Goren — Date: 1/21/00
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 Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Treas. Dir	John Sommerer, Mayor	9501 NW 44th Place	Coral Springs FL 33065
VP/D	Rhonda Calhoun	7525 NW 97th Terrace	Coral Springs FL 33067
Secty. Dir	Alan Polin	1846 NW 97th Terrace	Coral Springs FL 33071
Pres. Dir	Maureen Berk	11893 NW 27th Street	Coral Springs FL 33065
2nd VP Dir	William Stradling	5033 NW 100th Terrace	Coral Springs FL 33076

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 quality 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: _____ 1/20/00 954-752-2885
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR John Sommerer Date Daytime Phone #