

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

99 DEC 22 AM 10:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N97000001679

1. Corporation Name

MC ARTS FOUNDATION, INC.

Principal Place of Business

3601 WEST KENNEDY BOULEVARD, UNIT G
TAMPA FL 33609

Mailing Address

3601 WEST KENNEDY BOULEVARD, UNIT G
TAMPA FL 33609



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

2. New Principal Office Address, If Applicable

1917 WEST NORTH "A" ST
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

1917 W NORTH "A" ST
Suite, Apt. #, etc.

4. Date Incorporated or Qualified
To Do Business in Florida

03/26/1997

5. FEI Number

59-3435022

Applied For

Not Applicable

City & State

TAMPA, FL

City & State

TAMPA, FL

Zip

33606

Country

UNITED STATES

Zip

33606

Country

UNITED STATES

6. CERTIFICATE OF STATUS DESIRED I

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PSD	BIAS, MARK S	3601 WEST KENNEDY BOULEVARD, UNIT 1917 WEST NORTH "A" ST	TAMPA FL 33609 33606
VD	WEST, CHERYLL A	3601 WEST KENNEDY BOULEVARD, UNIT 1917 WEST NORTH "A" ST	TAMPA FL 33609 33606
VTD	WEST, CARROLL P	3601 WEST KENNEDY BOULEVARD, UNIT 1917 WEST NORTH "A" ST	TAMPA FL 33609 33606

8. Name and Address of Current Registered Agent

AMERILAWYER CHARTERED
343 ALMERIA AVENUE
CORAL GABLES FL 33134

9. Name and Address of New Registered Agent

Name

MARK S. BIAS

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

1917 W. NORTH "A" ST

Suite, Apt. #, Etc.

TA

City

TAMPA

State

FL

Zip Code

33606

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

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date 12/1/99

11. 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 on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

12/1/99