

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 DEC -4 PM 3:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N98000006959

1. Corporation Name

OLDSMAR CULTURAL ARTS FOUNDATION, INC.

REINSTATEMENT *02*

900009344079
12/04/02--01003--008 **236.25

2. Principal Office Address

201 SHORE DRIVE EAST

3. Mailing Office Address

P.O. BOX 736

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

OLDSMAR, FL

City & State

OLDSMAR, FL

Zip

34677

Country

USA

Zip

34677

Country

USA

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

12/07/1998

5. FEI Number

59-3559342

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

TRASK, THOMAS J

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

595 MAIN STREET

Suite, Apt. #, Etc.

City

DUNEDIN

State
FL

Zip Code

34698

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

Thomas J. Trask

REGISTERED AGENT MUST SIGN

Date *11/18/02*

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
D	EDWARD A. MANNY	201 SHORE DRIVE EAST	OLDSMAR, FL 34677
D	SUDA L. YANTISS	402 ARLINGTON AVENUE EAST	OLDSMAR, FL 34677
D	DAVID L. WALLACE	412 SHORE DRIVE EAST	OLDSMAR, FL 34677

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:

Suda L. Yantiss V.P. Suda L. Yantiss

Date

11/20/02 727-409-4106

Daytime Phone #

CR2E081 (9/01)