

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P00000064910

1. Corporation Name

THE ART INSTITUTE, INC.

Principal Place of Business

7209 BRAMBLEWOOD DR.
PORT RICHEY FL 34668

Mailing Address

7209 BRAMBLEWOOD DR.
PORT RICHEY FL 34668

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 OCT 24 PM 6:29



REINSTATEMENT

01

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

2. New Principal Office Address, If Applicable

11441 Osceola Drive

3. New Mailing Office Address, If Applicable

11441 Osceola Drive

4. Date Incorporated or Qualified
To Do Business in Florida

07/01/2000

City & State

New Port Richey, FL

City & State

New Port Richey, FL

Zip

34654

Country

USA

Zip

34654

Country

USA

5. FEI Number

59-3659824

Applied For

Not Applicable

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3	4
D	CHRISTIE, PAMELA L	7209 BRAMBLEWOOD DR.	PORT RICHEY FL 34668

800004679028--5
-11/14/01--01066--013
****758.75 ****758.75

8. Name and Address of Current Registered Agent

CHRISTIE, PAMELA L
7209 BRAMBLEWOOD DR.
PORT RICHEY FL 34668

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

Pamela L. Christie

Date

10/22/01

REGISTERED AGENT MUST SIGN

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

727-862-1003 AD

SIGNATURE:

Pamela L. Christie

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/22/01

Daytime Phone #

CR2040 (8/01)