

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 NOV 15 PM 6:02

DOCUMENT # P00000086402

1. Corporation Name

ARTS WITHIN, INC.

Principal Place of Business

Mailing Address

3900 CLARK ROAD
BLDG M. UNIT 4
SARASOTA FL 34233

3900 CLARK ROAD
BLDG M. UNIT 4
SARASOTA FL 34233



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

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

09/11/2000

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

582206756

Not Applicable

Zip

Country

Zip

Country

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	GONYOU-REYNOLDS, LUANN	6665 WINDJAMMER PLACE	BRADENTON FL 34202
D	CAMPBELL, LEREE	6095 MARELLA DRIVE	SARASOTA FL 34243
D	PATRICK O. REYNOLDS	6665 Windjammer Pl.	BRADENTON FL 34202
			600004703716--7
			12/04/01--01032--020
			****750.00 ****750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

JOHNSON, SHERRI L.
330 SOUTH ORANGE AVE
SARASOTA FL 34236

Name
ALAN M. ORAVEC
Street Address (P.O. Box Number is Not Acceptable)
2940 South Tamiami Trail
Suite, Apt. #, Etc.
City
SARASOTA
State
FL
Zip Code
34239

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

Alan M. Oravec, Esq.

Date 11/12/01

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-1-01

Date

Daytime Phone #

CR2E040 (8/01)