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 NOV 22 PM 5:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P95000042613**

1. Corporation Name

CENTER FOR THE ARTS AT VILLA MARIA, INC.

Principal Place of Business	Mailing Address
1421 TAMPA RD. PALM HARBOR FL 34683	1421 TAMPA RD. PALM HARBOR FL 34683

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	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. Date Incorporated or Qualified To Do Business In Florida: 05/30/1995

5. FEI Number: 59-3317671 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional fee required

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P	RICCI, VINCENT M	1421 TAMPA RD.	PALM HARBOR FL 34683
~~T~~	~~RICCI, ARLINE F~~	~~1421 TAMPA RD.~~	~~PALM HARBOR FL 34683~~
C/T/P	Ricci, Vincent M	1421 Tampa Rd	Palm Harbor FL 34683
V/S	Susan Stebbins	84 Upland Rd	Brookline, MA 02146
V	Juliet C. Ricci	455 Alt 19 N.	Palm Harbor, FL 34683

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*****750.00 *****750.00

REINSTATEMENT 99 FS

8. Name and Address of Current Registered Agent

RICCI, VINCENT M
1421 TAMPA RD.
PALM HARBOR FL 34683

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

(REV 08/98) C02000

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: Vincent M Ricci REQUIRED Date: November 13, 1999
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: Vincent M Ricci Vincent M Ricci REQUIRED November 13, 1999 727-785-5947
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #