

# 2006 FOR PROFIT CORPORATION REINSTATEMENT

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

06 MAR -1 PM 3:40

DOCUMENT # P98000053816

1. Entity Name  
MCRAE ART STUDIOS, INC.



Principal Place of Business  
906A RAILROAD RD  
WINTER PARK, FL 32789

Mailing Address  
906A RAILROAD RD  
WINTER PARK, FL 32789

**REINSTATEMENT** 05-06



02242006 REIN-P CR2E098 (11/05)

2. Principal Place of Business  
904 Railroad Avenue  
Suite, Apt. #, etc.  
Suite 200

3. Mailing Address  
Same as Business Address  
Suite, Apt. #, etc.

City & State  
Winter Park FL  
Zip  
32789

City & State  
Country  
Orange

4. FEI Number  
59-3518715

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RUMPH, DONALD L  
820 LAKE KATHRYN CIRCLE  
CASSELBERRY, FL 32707

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Donald L Rumph*

2/24/2006

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$300.00**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

## 10. OFFICERS AND DIRECTORS

|                |                        |                                 |
|----------------|------------------------|---------------------------------|
| TITLE          | P                      | <input type="checkbox"/> Delete |
| NAME           | WHIPPLE, JOHN          |                                 |
| STREET ADDRESS | 632 OLOLU DRIVE        |                                 |
| CITY-ST-ZIP    | WINTER PARK, FL 32789  |                                 |
| TITLE          | V                      | <input type="checkbox"/> Delete |
| NAME           | SMITH, RANDALL         |                                 |
| STREET ADDRESS | 1720 ONECO AVE         |                                 |
| CITY-ST-ZIP    | WINTER PARK, FL 32789  |                                 |
| TITLE          | S                      | <input type="checkbox"/> Delete |
| NAME           | BACH, STEPHEN          |                                 |
| STREET ADDRESS | 604 BOURNE PL          |                                 |
| CITY-ST-ZIP    | ORLANDO, FL 32801      |                                 |
| TITLE          | D                      | <input type="checkbox"/> Delete |
| NAME           | TYLER, TIMOTHY         |                                 |
| STREET ADDRESS | P.O. BOX 1474          |                                 |
| CITY-ST-ZIP    | WINTER PARK, FL 32790  |                                 |
| TITLE          | D                      | <input type="checkbox"/> Delete |
| NAME           | PELOGUIN, CHRISTINE    |                                 |
| STREET ADDRESS | 1034 AAROGON AVE       |                                 |
| CITY-ST-ZIP    | WINTER PARK, FL 32789  |                                 |
| TITLE          | T                      | <input type="checkbox"/> Delete |
| NAME           | OSTRANDER, MARY        |                                 |
| STREET ADDRESS | 2355 BROOKSHIRE AVENUE |                                 |
| CITY-ST-ZIP    | WINTER PARK, FL 32792  |                                 |

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                |   |
|----------------|---|
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |   |
| STREET ADDRESS | 200067943642  |
| CITY-ST-ZIP    | 03/16/06--01005--021 ***300.00                                    |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |   |
| STREET ADDRESS |   |
| CITY-ST-ZIP    |   |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |   |
| STREET ADDRESS |   |
| CITY-ST-ZIP    |   |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |   |
| STREET ADDRESS |   |
| CITY-ST-ZIP    |   |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |   |
| STREET ADDRESS |   |
| CITY-ST-ZIP    |   |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Mary Ostrander* MARY OSTRANDER  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR TREASURER

2-27-06 407-644-4643  
Date Daytime Phone #