


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1 of 2

**CORPORATION**  
 1997-2001  
 UBR



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

**FILED**  
 01 FEB 12 AM 11:24  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

**DOCUMENT #** 760016

**1. Corporation Name**  
 GULF COAST OPERA COMPANY, INC.

<b>2. Principal Office Address</b> Gulf Coast Opera Co., Inc.		<b>3. Mailing Office Address</b> Gulf Coast Opera Co., Inc.	
Suite, Apt. #, etc. 5434 Ashton Circle		Suite, Apt. #, etc. 5434 Ashton Circle	
City & State Ft. Myers, Fl.		City & State Ft. Myers, Fl.	
Zip 33907	Country Lee	Zip 33907	Country Lee

**4. Date Incorporated or Qualified To Do Business in Florida** JUNE 1981

**5. FEI Number** 59-2126170 Applied For.  Not Applicable

**6. CERTIFICATE OF STATUS DESIRED**  **\$8.75 Additional Fee required for a Certificate of Status**

*Handwritten mark*

**7. Name and Address of Current Registered Agent**

Name: Linda Yarnes

Street Address (P.O. Box Number is Not Acceptable): 5434 Ashton Circle

Suite, Apt. #, Etc.: 300003802373-2

City: Ft. Myers

State: FL Zip Code: 33907

Additional info: -03/06/01-01073-13  
 \*\*\*\*306.25-\*\*\*\*306.25

**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: *Linda Yarnes* Date: 1/31/01

REGISTERED AGENT MUST SIGN

**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
P/D	Susan E. Wild	4030 Fort Adams Ave.	Labelle, Fl. 33935
V/D	Roger Robinson	1424 S.E. 14th Terrace	Cape Coral, Fl. 33990
T/D	Linda Yarnes	5434 Ashton Circle	Ft. Myers, Fl. 33907
S/D	Michelle Pescatrice	2712 S.W. 13th Ave.	Cape Coral, Fl. 33990
D	James M. Yarnes	5434 Ashton Circle	Ft. Myers, Fl. 33907
D	Kenneth P. Stanchi	4030 Fort Adams Ave.	Labelle, Fl. 33935

**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:** *Linda Yarnes* Linda Yarnes Date: 1/31/01 (941) 433-3421

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E081 (9/99)

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January 31, 2001

Division of Corporations:

We would greatly appreciate it if you would waive any late fees, penalties, and or interest as we have not been receiving our filing notices. The last time we filed, I wrote a note changing our address and since then have called on several occasions.

I spoke to Tyrone. He was very informative and helpful. He told us to fill out the reinstatement form and to return it with our check for \$245.00.

Thank you for your consideration in this matter.

Sincerely,

*Linda Yarnes*

Linda Yarnes