

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

DOCUMENT # N01000004729

02 DEC -9 PM 1:20

1. Corporation Name

PASS THE TORCH MUSIC MENTORING PROGRAM, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

600009021836

11/15/02--01052--003 **226.35

Principal Place of Business

5773 FORESTER LAKE DRIVE
SARASOTA FL 34243

Mailing Address

5773 FORESTER LAKE DRIVE
SARASOTA FL 34243



REINSTATEMENT

02

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

2. New Principal Office Address, If Applicable

3212 SOUTH GATE CIRCLE
Suite, Apt. #, etc. Y

City & State
SARASOTA FL.

Zip 34239 Country SARASOTA

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc. "

City & State "

Zip Country

4. Date Incorporated or Qualified To Do Business in Florida

07/02/2001

5. FEI Number

☒ 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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P/O	STEVEN ROILAND	5773 FORESTER LAKE DRIVE	SARASOTA FL 34243
2/1	DON G. ROBERTS	3212 SOUTH GATE CIRCLE	SARASOTA FL 34239
1	MARK GREENSTADT	542 SPRINGWOOD CIRCLE	SARASOTA FL 34212
			600009021836 12/16/02--01010--016 **9.90

8. Name and Address of Current Registered Agent

ROILAND, STEVEN J
5773 FORESTER LAKE DRIVE
SARASOTA FL 34243

9. Name and Address of New Registered Agent

Name
DON G. ROBERTS
Street Address (P.O. Box Number is Not Acceptable)
3212 SOUTH GATE CIRCLE
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. or 617.0505, F.S.

Signature of Registered Agent

SIGNATURE REQUIRED

Date 11-15-02

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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/6/2

Daytime Phone #

941-308-7557

CR2040 (8/02)