

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

98 NOV 23 AM 9:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N31605

1. Corporation Name

SARASOTA BALLET OF FLORIDA, INC.

Principal Place of Business

Mailing Address

5555 N. TAMiami TRAIL
SARASOTA FL 34243
US

~~PO BOX 1904~~
~~SARASOTA FL 34239~~
~~XXXXXX~~
~~SARASOTA FL 34239~~
US

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.

5555 N. Tamiami Tr.

City & State

City & State
Sarasota, FL

Zip

Country

Zip

34243

Country

REINSTATEMENT 98

4. Date Incorporated or Qualified
To Do Business in Florida

04/10/1989

5. FEI Number

65-0135900

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City/State/Zip 4
DP	BERGMAN, JOE Berger, David W.	5000 VILLAGE GARDENS DR. 1310 Hillview Drive	SARASOTA FL 34239
DVP	ANGELOTT, RICHARD	220 SEA GULL LANE	SARASOTA FL
DT	SWINT, DANNY MAHLER Modrak, Dennis	6033 OCEAN BLVD #122 6404 Fox Hunt Lane	SARASOTA FL Bradenton, FL 34202
DVP	PALMER, SUSAN	4423 BAY SHORE ROAD	SARASOTA FL 34234
DVP	Yonker, Debbie	1903 Lincoln Drive	Sarasota, FL 34236

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CARR, KATHRYN ANGELL
240 SOUTH PINEAPPLE AVENUE
SARASOTA FL 34236

Name

Paul Kaine

Street Address (P.O. Box Number is Not Acceptable)

5555 N. Tamiami Tr.

Suite, Apt. #, Etc.

City

Sarasota

State

FL

Zip Code

34243

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

[Signature]
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date 11/19/98

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☐ No ☒

(See other side for information
on intangible tax.)

12. 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]
SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

David W. Berger

Date

Daytime Phone #

CR2E04E (9/98)