

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # **N01505**

1. Corporation Name

YOUNG PATRONESSES OF THE OPERA, INC.

Principal Place of Business

**175 NW FIRST AVENUE
11TH FLOOR
MIAMI FL 33128**

Mailing Address

**201 S. BISCAYNE BLVD.
STE. 2400
MIAMI FL 33131
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.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

02/17/1984

5. FEI Number

59-2576906

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
SD	SCHMIDT, SHELIA ANY MUENCH	1200 CORAL WAY	MIAMI FL
PD	BLAKE, MAGGIE PATRICIA PITA	1200 CORAL WAY	MIAMI FL
VPD	GOLDBERG, LINDA GENA KUCWANSKI	1200 CORAL WAY	MIAMI FL
SD	CARPENTER, KAY LUCIE SPIELER	1200 CORAL WAY	MIAMI FL
SD	ROMAN, ISABELLA	1200 CORAL WAY	MIAMI FL
TD	LOPEZ, MARIA CONCHITA BEVERLY PARTRIGE	1200 CORAL WAY	MIAMI FL

8. Name and Address of Current Registered Agent

**IMMER, JOHN
201 S. BISCAYNE BLVD.
SUITE 2400
MIAMI FL 33131**

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

200002481322-0

-04/07/98-01070-006

*****306.25 FL ***306.25**

FL

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

REGISTERED AGENT MUST SIGN

Date

3/30/98

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-30-98

Date

305.443-0144

Daytime Phone #

CR2040 (8/97)