PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 APR 13 AM 9:30
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # 711125

1. Corporation Name: CULTURAL PARK THEATRE COMPANY, INC.

REINSTATEMENT 03-04

| 2. Principal Office Address | 3. Mailing Office Address |
|---|---|
| 528 CULTURAL PARK BLVD | PO BOX 150022 |
| Suite, Apt. #, etc.: — | Suite, Apt. #, etc.: — |
| City & State: CAPE CORAL, FL | City & State: CAPE CORAL, FL |
| Zip: 33990-1212 Country: USA | Zip: 33915-0022 Country: USA |

4. Date Incorporated or Qualified To Do Business in Florida: Jul 5, 1966

5. FEI Number: 59-1155302 ☐ Applied For ☐ Not Applicable

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

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

Name: PAULINE CALIFANO

000032620030
04/13/04 01081 003 **297.50

Street Address (P.O. Box Number is Not Acceptable): 4525 COUNTRY CLUB BLVD. #108

Suite, Apt. #, Etc.: CAPE CORAL, FL 33904

City: CAPE CORAL, FL State: FL Zip Code: 33904

**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: Pauline Califano Date: 3/29/04
REGISTERED AGENT MUST SIGN

CR2E081 (01/04)

**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 |
|---|---|---|---|
| PRES. | A. DAVID NABATOFF | 4204 COUNTRY CLUB BLVD CAPE CORAL, FL 33904 | CAPE CORAL, FL 33904 |
| 1VP | JUDY JENKINS | 1407 SE 22d ST. | CAPE CORAL, FL 33990 |
| 2VP | ABBY FAVICCHIA | 1214 SE 26TH ST. | CAPE CORAL, FL 33904 |
| 3VP | DICK STEELE | 3414 SW 29TH AVE | CAPE CORAL, FL 33914 |
| REC SEC | TERRY KERSEY | 1736 EMERALD COVE CIR | CAPE CORAL, FL 33991 |
| TREAS | MARILYN STOUT | 2907 SW 29TH AVE | CAPE CORAL, FL 33914 |

**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:** A. David Nabatoff 3/29/04 239 945-4204
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #