

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR 93-94
REINSTATEMENT



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

APPROVED
AND
FILED

97 NOV 24 PM 1:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 715989

1. Corporation Name SOUTHERN THEATRE BALLET

Principal Place of Business Mailing Address
1732 HOWARD CT.
ORANGE PARK, FLORIDA 32073-6145

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 Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

Feb. 3, 1969

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

Not Applicable

Zip

Country

Zip

Country

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
Pres. <input checked="" type="radio"/>	Alora Haynes	1821 S.W. 80th BLVD.	Gainesville, Fl. 32067
V.P. <input checked="" type="radio"/>	Ellen Edmonds	2606 Loop Ridge Drive	Orange Park, Fl. 32065
Treas. <input checked="" type="radio"/>	Emily Jackson	1732 Howard Ct.	Orange Park, Fl. 32073
Sec. <input checked="" type="radio"/>	Debbie Knickerbocker	1604 Pine Mark Ct.	Orange Park, Fl. 32073
Art. <input type="radio"/>			
Dir. <input checked="" type="radio"/>	Marta Jackson	1732 Howard Ct.	Orange Park, Fl. 32073

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

REINSTATEMENT 93-94

Marta Jackson
1732 Howard Ct.
Orange Park, Fl.

Name: Emily Jackson

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

1732 Howard Ct.

Suite, Apt. #, Etc.

City

Orange Park

700002356547-9

-11/25/97-01041-008

***490.00 ***490.00

FL 32073

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

Emily Jackson

REGISTERED AGENT MUST SIGN

Date 11-21-97

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☐

(See other side for information
on intangible tax.)

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

Emily Jackson, Treasurer

904-272-2555

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-21-97

Date Daytime Phone #

CR25040 (12/95)