

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

07 APR 20 PM 12:57

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # 715989**

1. Corporation Name

**Clay Ballet Theatre, Inc**

300099247693  
04/30/07--01001--022 \*\*603.75

2. Principal Office Address - No P.O. Box #  
**1732 Howard Ct.**

Suite, Apt. #, etc.

City & State  
**Orange Park, FL**

Zip  
**32073**

Country  
**Clay**

3. Mailing Office Address  
**1732 Howard Ct.**

Suite, Apt. #, etc.

City & State  
**Orange Park, FL**

Zip  
**32073**

Country  
**Clay**

**REINSTATEMENT**

4. Date Incorporated or Qualified  
To Do Business In Florida **Feb. 3, 1969**

5. FEI Number  
**59-1281004**

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  
**Lucille L. Conrad**

Street Address (P.O. Box Number is Not Acceptable)  
**877 Arthur Moore Dr.**

Suite, Apt. #, Etc.

City  
**Green Cove Springs**

State  
**FL**

Zip Code  
**32043**

☐ The reinstatement fee is imposed, except in  
circumstances which the entity did not receive  
the prior notices. By checking this box, you  
are certifying the prior notices were not  
received and requesting the reinstatement  
fee be waived.

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

*Lucille L. Conrad*  
REGISTERED AGENT MUST SIGN

Date **4/17/07**

**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
P	Genevieve Tisdelle	2515 Bay St.	Charlotte, NC 28205
V	Debra Knickerbocker	1638 Rustling Dr.	Orange Park, FL 32003
S	Yolanda Almeida	1922 Grove Park Dr.	Orange Park, FL 32073
T	Lucille L. Conrad	877 Arthur Moore Dr.	Green Cove Springs, FL 32043
AD	Marta Jackson	1732 Howard Ct.	Orange Park, FL 32073

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 contained in Chapter 119, 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:

*Lucille L. Conrad*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**4/17/07**

Daytime Phone # **904-529-3142**