PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 OCT 14 AM 11:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 03

100023777281
10/14/03--01018--006 **70.00

DOCUMENT # 723282

1. Corporation Name

SUNCOAST YOUNG PEOPLE'S THEATRE, INC

Principal Place of Business	Mailing Address
6237 GRAND BOULEVARD NEW PORT RICHEY FL 34652	P.O. BOX 188 NEWPORT RICHEY FL 34656-0188

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: 04/27/1972

5. FEI Number: 59-1406158 — 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 3	City / State / Zip 4
PD	SKELTON, CHARLES	6237 GRAND BLVD	NEW PORT RICHEY FL 34652
~~SD~~	~~HUNTINGTON, EILEEN~~	~~6237 GRAND BLVD~~	~~NEW PORT RICHEY FL 34652~~
TD	THIVENER, GIL	10640 OSCEOLA DRIVE	NEW PORT RICHEY FL 34654
VPD	Alma Schver	6237 Grand Blvd	New Port Richey, FL 34652
SD	James Conkley	6237 Grand Blvd	New Port Richey, FL 34652

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
WILLIAMS, RICHARD C JR 6337 GRAND BLVD NEW PORT RICHEY FL 34652	Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City — State FL — Zip Code

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. or 617.0505, F.S.

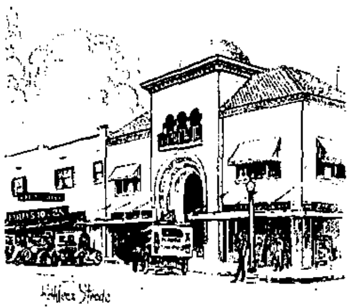
Signature of Registered Agent: [signature] Date 10-8-03
REGISTERED AGENT MUST SIGN

11. 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: Charles Skelton, President [signature] 10/8/03 727-842-6777

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E040 (7/03)



Courtesy of West Pasco Historical Society

Richey Suncoast Theatre

October 8, 2003

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: Reinstate

To Whom It May Concern:

Please be advised that the corporation did not receive the two prior uniform business report (UBR) notices.

Thank you,

Charles Skelton, Pres.
Suncoast Young
People's Theatre, Inc.

Mailing Address: P.O. Box 188 • New Port Richey, Florida 34656-0188
6237 Grand Boulevard • New Port Richey, Florida 34652 • (727) 842-6777