

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # 740660

1. Corporation Name

THE SPOTLITE PLAYERS, INC.

Principal Place of Business

Mailing Address

POST OFFICE BOX 33244  
PALM BEACH GARDENS FL 33420-3244  
US

POST OFFICE BOX 33244  
PALM BEACH GARDENS FL 33410  
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

10/31/1977

5. FEI Number

59-1804545

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$9.75 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	BEECHER, MICHAEL	12835 S. NORMANDY WAY	PALM BEACH GARDENS FL 33410
VD	POLLAK, SALLIE	13 KINTYRE RD	PALM BEACH GARDENS FL <b>LS</b>
VP	CLAPP, ROGER	4970 DILLON ST.	LAKE WORTH FL
TD	BILES, JOHN E.	243 EAST TALL OAKS CIRCLE	PALM BEACH GARDENS FL
			800005081618--2
			03/11/02 01076 039
			***236.25 ***236.25

8. Name and Address of Current Registered Agent

BILES, JOHN E.  
243 EAST TALL OAKS CIRCLE  
PALM BEACH GARDENS FL 33410

9. Name and Address of New Registered Agent

Name

Michael Beecher

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

12835 S. Normandy Way

Suite, Apt. #, Etc.

City

Palm Beach Garden

State

FL

Zip Code

33410

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

*Michael Beecher*

REGISTERED AGENT MUST SIGN

Date 11/15/01

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:

*Michael Beecher* Michael Beecher  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/15/01

Daytime Phone #

561-845-0133

REINSTATEMENT 02-15-01 90046 028 #11-25  
02 FEB 21 PM 12:48  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CR2E040 (8/01)