

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 743668

1. Corporation Name

FLORIDA LYRIC OPERA ASSOCIATION, INC.

2. Principal Office Address - No P.O. Box #

1183 - 854 Terrace No.

Suite, Apt. #, etc.

# D

City & State

St. Petersburg, FL.

Zip

33702-3333

Country

Pinellas

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

CR2E081 (11/10)

4. Date Incorporated or Qualified  
To Do Business in Florida..

July 21, 1978

5. FEI Number 591-836537 (ID)  
Charter # 743668

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 Rosalia Maresca, Exec. Dir.

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

same as above

Suite, Apt. #, Etc.

City

State  
**FL**

Zip Code

900223411939  
03/14/12--01030--002 \*\*122.50

900223411939  
02/29/12--01030--007 \*\*236.25

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 Rosalia Maresca

Date Feb. 27/12

REGISTERED AGENT MUST SIGN

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.	<u>Dr. Walter A Field</u>	<u>4619 W. Bay to Bay</u>	<u>Tampa, FL 33609</u>
V. Pres.	<u>Mary K. Wilson</u>	<u>5713 Horseshoe Pl. N.E.</u>	<u>St. Petersburg, FL 33703</u>
Sec.	<u>Sylvia Butler</u>	<u>2910 Marlin Ave.</u>	<u>Tampa, FL 33611</u>
Treas + Dir.	<u>Rosalia Maresca</u>	<u>1183 - 854 Terrace No. #D</u>	<u>St. Petersburg, FL 33702</u>
		<u>MAR - 2012</u>	

EXAMINER

REINSTATEMENT

10. E-mail Address: rosmar-melodies@yahoo.com

(To be used for future annual report notification)

W12-1989

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: Rosalia Maresca / Rosalia Maresca

Date 02/27/12

SIGNATURE AND TYPED/OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED  
12 MAR 21 PM 2:20  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA