

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 750200

1. Corporation Name

FLORIDA SHAKESPEARE THEATRE, INC.

Principal Place of Business

Mailing Address

1200 Anastasia Avenue
Coral Gables, FL 33134

1200 Anastasia Avenue
Coral Gables, FL 33134

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

4. Date Incorporated or Qualified
To Do Business in Florida

12/13/99

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-1972774

Applied For

Not Applicable

City & State

City & State

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)

1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4. City / State / Zip
C	Wayne Kennedy	1125 South Alhambra Circle	Coral Gables, FL 33146
T	James D. Atkins	6979 Sunrise Drive	Coral Gables, FL 33133
D	Barbara F. Garrett	5980 Miami Lakes Drive	Miami Lakes, FL 33014-2467
D	Jennifer Getz	5420 SW 95 Terrace	Miami, FL 33156
D	Ruth Robles	445 Grand Bay Drive, #601	Key Biscayne, FL 33149
D	Greta Schulack	603 Puerta Avenue	Coral Gables, FL 33143

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Ellen Beck
1200 Anastasia Avenue
Coral Gables, FL 33134

Name

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

Suite, Apt. #, Etc.

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Date 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.

Signature of
Registered Agent

[Signature]

REGISTERED AGENT MUST SIGN

Date 11-01-99

11. This corporation owes the current year
Intangible Personal Property Tax due June 30.

Yes ☐ No ☐

(See other side for information
on intangible tax.)

12. 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: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

T. LEWIS NOV 3 1999
11-01-99 305-446-1116

Date

Daytime Phone #

CR2001 (12/98)