

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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APPLICATION  
FOR  
REINSTATEMENT



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

DOCUMENT # 751806

1. Corporation Name

KEY WEST DANCE THEATRE, INC.

Principal Place of Business

Mailing Address

~~916 POMALSKI ST~~  
~~KEY WEST FL 33040~~

~~916 POMALSKI ST~~  
~~KEY WEST FL 33040~~

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.  
1108 18th Street  
City & State  
Key West, FL  
Zip  
33040 Country  
USA

Suite, Apt. #, etc.  
1108 18th Street  
City & State  
Key West, FL  
Zip  
33040 Country  
USA

4. Date Incorporated or Qualified  
To Do Business in Florida

03/31/1980

5. FEI Number

59-2017266

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
CD	JAMPOL, PENNY MOLLOT	3218 HARRIET AVE.	KEY WEST FL 33040
VD	MAYER, ALLISON TRADUP	1108 18TH ST	KEY WEST FL
VCD	MAYER, ALLISON TRADUP	1108 18TH ST.	KEY WEST FL 33040

REINSTATEMENT 03

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700027009727  
01/15/04--01020--006 \*\*61.25

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

HENDRICK, JAMES T.  
317 WHITEHEAD ST  
KEY WEST FL

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 REQUIRED

Date

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-8-04

Date

305-294-7006

Daytime Phone #

CR2040 (7/03)

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1/8/04

To Whom It May Concern:

Our prior UBR notices were never received. We respectfully request that the penalty amount be waived. We have enclosed a check in the amount of \$61.25 to cover the cost of filing our UBR report and keep it current.

Thanking You In Advance,

Allison Mayer  
Artistic Director  
Key West Dance Theater