

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # C10013

1. Corporation Name

ST. PETERSBURG LITTLE THEATRE, INCORPORATED

Principal Place of Business

4025 31ST STREET SOUTH
ST PETERSBURG FL 33712

Mailing Address

4025 31ST STREET SOUTH
ST PETERSBURG FL 33712

REINSTATEMENT



400024767414
11/17/03--01109--023 **236.25

FILED
03 NOV 17 AM 11:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

06/29/1992

5. FEI Number

59-1006406

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
VP VP D	BRUCE COOK LAMB, MARY	812 LIVE OAK TERR. NE. 3301 14TH STREET NORTH	SAINT PETERSBURG FL 33703
P	MICHAEL SCHWARTZBERG BOWEN, CHARLES G	5428 1ST AVE. NO. 5624 LYNN LAKE DR S	ST. PETERSBURG FL 33710
D	LORNA THOMPSON DOWNS, HELEN	4812-A CORONA DR. S.E. 8416 7TH AVE. N	ST. PETERSBURG FL 33705
D	COOK, SHARON	812 LIVE OAK TERR NE	ST. PETERSBURG FL 33703
D	CHEEK, CECIL	1061 14TH AVE N	ST. PETERSBURG FL
T	CHRISTINE WHITE KNUCKEY, NANCY	3155 34TH AVE NO. 4002 36TH WAY S., #511	ST PETERSBURG FL 33710

8. Name and Address of Current Registered Agent

HUMPHREY, E GORDON
4325 DARTMOUTH AVE N
ST PETERSBURG FL 33713

9. Name and Address of New Registered Agent

Name
MICHAEL SCHWARTZBERG
Street Address (P.O. Box Number is Not Acceptable)
5428 1ST AVE. NO.
Suite, Apt. #, Etc.
ST
City
St. Petersburg
State
FL
Zip Code
33710

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]

REGISTERED AGENT MUST SIGN

Date

10/21/03

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

MICHAEL SCHWARTZBERG, PRESIDENT 10/21/03 (722) 327-6036

Date

Daytime Phone #

CR2E040 (7/03)