PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
96 OCT 23 PM 4:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L21737

THE COLISEUM OF DAYTONA BEACH, INC.

Principal Office Address	Mailing Address
176 N. BEACH ST DAYTONA BEACH FL 32114	176 N. BEACH ST. DAYTONA BEACH FL 32114

If any address is not correct 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: 10/10/1989

5. FEI Number: 59-2974341 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Officers and/or Directors (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
P	~~EVANNOU, MILTOS~~ TIM LUZNAR	176 N. BEACH STREET	DAYTONA BEACH FL 32114
VP	~~MARTINELLI, JOHN~~ Phillippe Hennessy	176 N. BEACH STREET	DAYTONA BEACH FL 32114
ST	~~HENNESSY, PHILIPPE~~ Phillippe Hennessy	~~320 FENTRESS BLVD.~~ 176 N. BEACH STREET	DAYTONA BEACH FL 32114

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-10/30/96--01022--005
***375.00 ***375.00

8. Name and Address of Current Registered Agent

LABRET, STEVEN MICHAEL
~~501 N. MAGNOLIA AVENUE~~
~~SUITE A~~
~~ORLANDO FL 32801~~

9. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable): 226 HILLCREST ST
Suite, Apt. # Etc.
City: ORLANDO
State: FL
Zip Code: 32801

CR2E040 (7/96)

I hereby accept the registered agent position 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: 10/17/96

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. 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

9.14.96
Date

(904) 257-4982
Daytime Phone #

0001737 AP