

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

04 APR -7 PM 1:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

200028060222
04/07/04--01034--010 **\$1.25

DOCUMENT # N00000000158

1. Corporation Name

CONSERVATORY FOR THE ARTS AT TAMPA BAY, INC.

Principal Place of Business

Mailing Address

9414 N ROME CIRCLE
TAMPA FL 33612

9414 N ROME CIRCLE
TAMPA FL 33612

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

01/10/2000

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

5. FEI Number

59-3649341

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
O	SHORES, RODNEY	29752 MORNING MIST	LUTZ FL 33543
O	FAULKNER, JAY	9858 MORRIS GLEN WAY	TAMPA FL 33637
O	CAHL, DEBRA	9414 NORTH ROME CIRCLE	TAMPA FL 33612
D	KALOGER, LOU	6318 EAGLEBROOK AVENUE	TAMPA FL 33625
D	DINWIDDIE, RUTH	9700 STARKEY ROAD APT 228	LARGO FL 33777
D	SULLIVAN, STEPHEN	315 S. HYDE PARK AVENUE	TAMPA FL 33606

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

FAULKNER, JAY R
9858 MORRIS GLEN WAY
TAMPA FL 33637

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

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

REGISTERED AGENT MUST SIGN

Date 11/17/03

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

Date

Daytime Phone #

CR2E040 (7/03)

Conservatory for the *Arts* *at Tampa Bay*

February 19, 2004

To whom it may concern:

I am writing to ask that our corporation which was dissolved/revoked on Sept 19, 2003 be reinstated.

We did not receive our Uniform Business Report to file.

Sincerely,

Jay Faulkner
Treasurer
Conservatory for the Arts at Tampa Bay, Inc.

jfaulkner@conservatoryforthearts.org