

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

09 APR -6 PM 2:09

DOCUMENT # N000000000158

1. Corporation Name

The Conservatory for the Arts at Tampa Bay, Inc.

2. Principal Office Address - No P.O. Box #

13320 Lake Magdalena Blvd.

Suite, Apt. #, etc.

3. Mailing Office Address

13320 Lake Magdalena Blvd.

Suite, Apt. #, etc.

City & State

Tampa, FL

City & State

Tampa, FL

Zip

33618

Country

USA

Zip

33618

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

2000

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. Name and Address of Current Registered Agent

Name

Jane Joyner

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

7034 Stone Rd.

Suite, Apt. #, Etc.

City

Port Richey

State

FL

Zip Code

34668

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of  
Registered Agent

Jane Joyner

REGISTERED AGENT MUST SIGN

Date 4/1/09

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	Rodney Shores	29752 Morningmist Dr.	Wesley Chapel, FL 33543
V	Jane Joyner	7034 Stone Rd.	Port Richey, FL 34668
D	Lou Kaloger	6318 Eaglebrook Ave.	Tampa, FL 33625
D	Eric Meyer	13338 Lake George Ln.	Tampa, FL 33618
D	Bill Reynolds	11708 N. Armenia Ave.	Tampa, FL 33612

10. 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 contained in Chapter 119, 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:

Jane Joyner

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/1/09 727-842-9251

Date

Daytime Phone #