

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1082

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

01 DEC 31 PM 2:16

DOCUMENT # N00000001379

1. Corporation Name

STARLIGHTS PERFORMANCE ARTS, INC.

201  
108

Principal Place of Business

2342 13TH STREET SOUTH  
ST PETERSBURG FL 33705

Mailing Address

2342 13TH STREET SOUTH  
ST PETERSBURG FL 33705



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

02/25/2000

5. FEI Number

593637329

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
D	MICHELLE MANN	3700 8 <sup>th</sup> ST SD	St. Petersburg FL 33705
D	NIKITA LANE	2517 21 <sup>st</sup> SD	St. Petersburg FL 33712
D	Sylver Lane	2421 19 <sup>th</sup> ST SD	St. Petersburg FL 33712

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\*\*\*\*\*61.25 \*\*\*\*\*61.25

8. Name and Address of Current Registered Agent

GREEN-FOSTER, DELOROES  
2342 13TH STREET SOUTH  
ST. PETERSBURG FL 33705

9. Name and Address of New Registered Agent

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.

Signature of  
Registered Agent

*Delores Green-Foster*

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

10-15-01

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:

*Delores Green-Foster*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

15 Oct 01

Date

Daytime Phone #

727-898-7113

CR2E040 (8/01)





Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Dear Secretary of State:

I, Deloris Green-Foster, President of the Starlight's Performance Arts Corporation did not receive any correspondence of the Uniform Business Report for the year 2001. Therefore I am requesting that the late fees please be waived. I sincerely hope this request is granted.

Thank you,

Deloris Green-Foster  
Starlight's Performance Arts  
President