

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # N00000005961

1. Corporation Name

ARS FLORES CHAMBER ORCHESTRA, INC.

Principal Place of Business

Mailing Address

2408 SUNRISE KEY BLVD.
FT. LAUDERDALE FL 33304-3828

2408 SUNRISE KEY BLVD.
FT. LAUDERDALE FL 33304-3828

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

912 EAST BROWARD BLVD
Suite, Apt. #, etc.

912 EAST BROWARD BLVD
Suite, Apt. #, etc.

City & State
FORT LAUDERDALE

City & State
FORT LAUDERDALE

Zip
33301
Country
BROWARD

Zip
33304
Country
BROWARD

4. Date Incorporated or Qualified
To Do Business in Florida

09/05/2000

5. FEI Number

91 2078 222

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☒

\$0.75 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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
DP	ATWOOD, JODY	7007 LOCH ISLE DR. S.	MIAMI LAKES FL 33015
DS	BAHLER, LESLIE J	4041 NW 35TH AVE.	FT. LAUDERDALE FL 33309
DT	LUCE, BURT	2408 SUNRISE KEY BLVD.	FT. LAUDERDALE FL 33304

REINSTATEMENT 01

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-11/08/01--01044-015

****245.00 ****245.00

8. Name and Address of Current Registered Agent

LUCE, BURT
2408 SUNRISE KEY BLVD.
FT. LAUDERDALE FL 33304-3828

9. Name and Address of New Registered Agent

Name
Burt Luce

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

912 EAST BROWARD BLVD

Suite, Apt. #, Etc.

City
FORT LAUDERDALE

State
FL

Zip Code
33301

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

Burt Luce

REGISTERED AGENT MUST SIGN

Date

10/10/2001

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 #

10/10/2001

954 524 9124

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