

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE

Jim Smith
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # N00000006606

1. Corporation Name

ST. AUGUSTINE AMPHITHEATRE FOUNDATION, INC.

Principal Place of Business

HIGHWAY A1A
ST. AUGUSTINE FL 32084

Mailing Address

88 RIBERIA ST SUITE 400
ST AUGUSTINE FL 32084

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

10/02/2000

5. FEI Number

59-3674978

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
D	LUCKER, BRUCE	21 WORLD GOLF PL 545 Granada Terr	ST AUGUSTINE FL 32082 Ponte Vedra Beach FL 32082
D	CREAMER, EDDIE Glenn Hastings	PO BOX 1690 31 Rhode St.	ST AUGUSTINE FL 32085 St. Augustine FL 32084
D	BOLES, JOE	120 CHARLOTTE ST	ST AUGUSTINE FL 32084
D	CRAIG, GUS	7460 A1A SOUTH	ST AUGUSTINE FL 32086
D	MATHIS, JANE Jane M. Mathis	1539 SAN RAFAEL WAY 701 EL VERGEL LN	ST AUGUSTINE FL 32084 32080
D	TREBELE, MARY E David Drysdale	11 AVILES ST APT 2D 999 Anastasia Blvd	ST AUGUSTINE FL 32084 St Augustine Beach FL 32080

8. Name and Address of Current Registered Agent

HASTINGS, GLENN
88 RIBERIA ST SUITE 400
ST AUGUSTINE FL 32084

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

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

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

REINSTATEMENT 02-03

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #