

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1 of 2

APPLICATION
FOR
REINSTATEMENT



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 JAN 15 PM 4:00

DOCUMENT # N00000006798

1. Corporation Name

NATIONAL YOUTH THEATER, INC.

Principal Place of Business

Mailing Address

5241 CEDAR BEND DR., #2
FT. MYERS FL 33919

5241 CEDAR BEND DR., #2
FT. MYERS FL 33919

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

10/12/2000

5. FEI Number

Applied For

65-1051782

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	OESTERMAN, PHIL	5241 CEDAR BEND DR., #2	FT. MYERS FL 33919
D	CONSTANTINOU, EVGENIOS	5241 CEDAR BEND DR., #2	FT. MYERS FL 33919
D	FLUHARTY, MARY	23 CARROTWOOD CT.	FT. MYERS FL 33919

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MURTY, TIMOTHY J
1633 PERIWINKLE WAY, STE. A
SANIBEL FL 33957

Name

Kenneth Strong

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

6326 Whiskey Creek Dr.

Suite, Apt. #, Etc.

Suite A

City

Fort Myers

State

FL

Zip Code

33919

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

Kenneth Strong
REGISTERED AGENT MUST SIGN

Date

12/18/01

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

12/17/01 941-939-7153

CR2E040 (2/01)

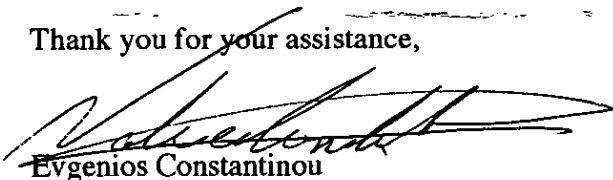
NATIONAL YOUTH THEATRE
5241 Cedarbend Dr. Unit 2
Fort Myers, FL 33919

12/17/01

To Whom It May Concern:

I am writing this letter in reference to my non for profit corporation known as "National Youth Theatre, Inc.." My corporation has been dissolved for failure to file its 2001 annual report. I am requesting that my corporation be reinstated without the penalty fees due to the fact that I did not receive the original uniform business report. I am enclosing the application for reinstatement, a check in the amount of \$61.25 for year 2001 and another check in the amount of \$61.25 for the year 2002.

Thank you for your assistance,



Evgenios Constantinou
President, National Youth Theatre