

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

04 APR -2 AM 8:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 03-04

DOCUMENT #

1. Corporation Name

Emerald Coast Children's Community Theatre
N01000002680

2. Principal Office Address

315 Holly Street

Suite, Apt. #, etc.

City & State

Destin, FL

Zip

32541

Country

US

3. Mailing Office Address

315 Holly Street

Suite, Apt. #, etc.

City & State

Destin, FL

Zip

32541

Country

US

4. Date Incorporated or Qualified

To Do Business in Florida April 16, 2001

5. FEI Number

94-3394536

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

Paul McArthur c/o Cathy Walker

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

Suite, Apt. #, Etc.

City

Destin

State

FL

Zip Code

32541

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

Date

3/10/04

REGISTERED AGENT MUST SIGN

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
Pres.	Paul McArthur	4 Debbie Court	Chester, NY 10918
D	Andrea McArthur	4 Debbie Court	Chester, NY 10918
D	Marie Loalbo	4 Debbie Court 809 Jupiter St Pm	Chester, NY 10918 Destin, FL Pm 32541
D	Gordon Hurd	1107 S. Palm Blvd.	Niceville, FL 32578

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 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

PAUL MCAURTHU Pres

Date

3/10/04

Daytime Phone #

850 654 1875

CR2E081 (01/04)

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

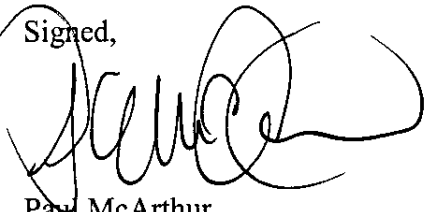
March 10, 2004

To Whom It May Concern:

Enclosed please find the corporation reinstatement form for Emerald Coast Children's Community Theatre, Document # N01000002680. Also enclosed is a check in the amount of \$122.50. Since I have never received a reinstatement letter last year, I am to understand that the \$175.00 will be waived.

Thank you for your assistance in this matter.

Signed,

A handwritten signature in black ink, appearing to read 'Paul McArthur', written over a horizontal line.

Paul McArthur
President
Emerald Coast Children's Community Theatre