

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N06000010718

1. Corporation Name

Insomniac Theatre Company

2. Principal Office Address - No P.O. Box #

2202 SE 29th St.

3. Mailing Office Address

2202 SE 29th St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Ocala, FL

City & State

Ocala, FL

Zip

34471

Country

USA

Zip

34471

Country

USA

7. Name and Address of Current Registered Agent

Name

Chad Taylor

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

2202 SE 29th St.

Suite, Apt. #, Etc.

City

Ocala

State

FL

Zip Code

34471

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

REGISTERED AGENT MUST SIGN

Date July 28, 2009

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
P	Chad Taylor	2202 SE 29th St.	Ocala, FL 34471
V	Ryan James	15676 SW 105th Ave.	Dunnellon, FL 34432
T	Jason Lugauskas	5256 SW 21st Place	Ocala, FL 34474
S	Sarah Fiske	2600 SW 10th St. #202	Ocala, FL 34474
D	Marcus D'Amelio	5001 SW 20th St. #5607	Ocala, FL 34474
D	Adrian Knapp	1850 SE 18th Ave. #1602	Ocala, FL 34474

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 contained in Chapter 119, 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:

Chad Taylor

July 28, 2009

352-362-8548

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

09 JUL 30 PM 12:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

400159121534
07/31/09--01035--006 **358.75

REINSTATEMENT

07-09

4. Date Incorporated or Qualified To Do Business in Florida

10/10/06

5. FEI Number
14-1982089

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required for a Certificate of Status

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.