

APPLICATION
FOR
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # N06072 (5)

1. Corporation Name

SEASIDE MUSIC THEATER, INC.

Principal Place of Business

901 Sixth St.
Daytona Beach, FL
32117

Mailing Address

P. O. Box 2835
Daytona Beach, FL
32120

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

11/08/84

5. FEI Number

59-2501526

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED

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 (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
DIR Pres	Herbert M. Davidson, Jr.	901 Sixth St.	Daytona Beach, FL 32117
DIR Vice Pres	Julia Davidson Truilo	901 Sixth St.	Daytona Beach, FL 32117
DIR Treas/ Asst	Sec Georgia M. Kaney	901 Sixth St.	Daytona Beach, FL 32117
DIR Secr	Marc L. Davidson	901 Sixth St.	Daytona Beach, FL 32117
			600003105636--3 -01/21/00--01004--016 ****122.50 ****122.50

8. Name and Address of Current Registered Agent

David R. Kendall
901 Sixth St.
Daytona Beach, FL 32117

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

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.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date 12-29-99

11. This corporation owes the current year
Intangible Personal Property Tax due June 30.Yes ☐ No ☒(See other side for information
on intangible tax.)

12. 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 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 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

Georgia M. Kaney

12-29-99 (904) 252-15

Date

Daytime Phone #