## 2011 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# N09000002609

FILED Apr 01, 2011 Secretary of State

Entity Name: TOWN SQUARE ACADEMY OF PERFORMING ARTS, INC.

Current Principal Place of Business: New Principal Place of Business:

10799 SW CIVIC LANE

PORT ST LUCIE, FL 34987 US

Current Mailing Address: New Mailing Address:

10509 SW STRATTON DR

PORT ST LUCIE, FL 34987 US

FEI Number: 94-3471459 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

BOWLES, LUCY 10509 SW STRATTON DR PORT ST LUCIE, FL 34987 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both,

in the State of Florida.

SIGNATURE: LUCY BOWLES

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

Title: PT

 Name:
 POWERS, KATHLEEN M

 Address:
 10509 SW STRATTON DR

 City-St-Zip:
 PORT ST LUCIE, FL 34987 US

Title: VP

Name: BOWLES, RAYMOND T Address: 2157 HERONWOOD RD City-St-Zip: PALM CITY, FL 34990 US

Title: S

 Name:
 POWERS, MARGARET B

 Address:
 10509 SW STRATTON DR

 City-St-Zip:
 PORT ST LUCIE, FL 34987 US

Title: [

Name: POWERS, PATRICK J III
Address: 3141 SW FAMBROUGH ST
City-St-Zip: PORT ST LUCIE, FL 34953 US

Title:

Name: BOWLES, PAULINE
Address: 2157 HERONWOOD RD
City-St-Zip: PALM CITY, FL 34990 US

Title: [

 Name:
 POWERS, MINDI D

 Address:
 3141 SW FAMBROUGH ST

 City-St-Zip:
 PORT ST LUCIE, FL 34953 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: KATHLEEN M. POWERS PT 04/01/2011