

# 2014 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N11000006981

FILED  
Feb 06, 2014  
Secretary of State

**Entity Name:** PROFESSIONAL LEARNING AND THEATRICAL ORGANIZATION, INC.

**Current Principal Place of Business:**

25 NORTH PINEAPPLE AVENUE  
SARASOTA, FL 34236

**New Principal Place of Business:**

5674 BEE RIDGE ROAD EXT.,  
SARASOTA, FL US

**Current Mailing Address:**

25 NORTH PINEAPPLE AVENUE  
SARASOTA, FL 34236

**New Mailing Address:**

PO BOX 50372  
SARASOTA, FL 34232

**FEI Number:** 45-2687167

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

TUOFF, KYLE ENNIS  
25 NORTH PINEAPPLE AVENUE  
SARASOTA, FL 34236 US

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

TUOFF, KYLE ENNIS  
5674 BEE RIDGE ROAD EXT.  
SARASOTA, FL 34241 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: KYLE ENNIS TUOFF

02/06/2014

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P/C  
Name: TUOFF, KYLE ENNIS  
Address: 5674 BEE RIDGE ROAD EXT.  
City-St-Zip: SARASOTA, FL 34241

Title: VP  
Name: SLANE, EVA  
Address: 5536 COUNTRY CLUB WAY  
City-St-Zip: SARASOTA, FL 34243

Title: S  
Name: DAWSON, DIANNE  
Address: 3332 MCCAIN LANE  
City-St-Zip: NORTH PORT, FL 34286

Title: T  
Name: BALLIET, CAROL  
Address: 25 N. PINEAPPLE AVE.  
City-St-Zip: SARASOTA, FL 34236

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: KYLE ENNIS TUOFF

DIRE

02/06/2014

Electronic Signature of Signing Officer or Director

Date