PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 NOV -1 PM 2:54

DOCUMENT # **N11616**

1. Corporation Name

VERO BEACH CHORAL SOCIETY, INCORPORATED

Principal Place of Business	Mailing Address
P.O. BOX 2801 VERO BEACH FL 32961	P.O. BOX 2801 VERO BEACH FL 32961

REINSTATEMENT

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: 10/16/1985

5. FEI Number: 59-2637052 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

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 3	City / State / Zip 4
DP	~~COMPTON, ART~~ Yemm, Harriet	~~163 RICHARD ST~~ 356 Live Oak Drive	~~SEBASTIAN~~ FL Vero Beach, FL 32963
DVP	~~SALMON HARRIET~~ SAVAGE, Phil	~~207 SPY GLASS LANE~~ 1720 Victoria Circle	VERO BEACH FL ~~32960~~ 32967
DT	~~ROGERS, TALMAGE G. JR.~~ BARTON, John H.	~~3975 20TH STREET, SUITE 1~~ 1340 River Ridge Drive	VERO BEACH FL 32963
DS	~~CLARK, JEANET~~ Randolph, Betty	~~300 HARBOR DRIVE #301 C~~ 3960 Eighth Place	VERO BEACH FL 32960
			900003469569--1 -11/20/00-01020-012 ****236.25 ****236.25

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
~~MCHUGH, JOHN J., JR.~~ 333 17TH STREET SUITE U VERO BEACH FL 32960	Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City / State FL / Zip Code

AH 11/15

CR2E040 (8/00)

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: SIGNATURE REQUIRED — Date: 10/30/00
REGISTERED AGENT MUST SIGN

11. 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: JOHN H. BARTON (JOHN H. BARTON) — 10/27/00 — 561-231-1970
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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