PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED
99 NOV 12 AM 11:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N11890**

1. Corporation Name

THE HISTORIC COCOA VILLAGE PLAYHOUSE, INC.

Principal Place of Business	Mailing Address
300 BREVARD AVENUE COCOA FL 32922	300 BREVARD AVENUE COCOA FL 32922

300000305703--9
-11/22/99--01054--013
****236.25 ****236.25

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: 11/04/1985

5. FEI Number: 59-2612709 ☐ 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
CHM	~~CARMEN, ROBERT O.~~ KELLAR, NED	~~P. O. BOX 5002~~ 3950 OLD SETTLEMENT	~~ROCKLEDGE FL 32955~~ MERRITT ISLAND, FL. 32952
VCHM	~~KELLAR, NED~~ DREHER, SHEILA	~~1770 CEDER STREET~~ 657 SPRINGLAKE DRIVE	~~ROCKLEDGE FL 32955~~ MELBOURNE, FL. 32940
SD	BARNHART, SARA	1265 LESLIE DRIVE	MERRITT ISLAND FL 32952
T	HARRIS, ~~BREW~~ DEWEY	P. O. BOX 129	COCOA FL 32923
D	ANDERSON, BOB	1292 ST. ANDREWS DRIVE	ROCKLEDGE FL 32955
D	BANKS, JOHN	700 SOUTH BABCOCK, SUITE 201	MELBOURNE FL 32901

8. Name and Address of Current Registered Agent

MATHENY, JOE D
355 INDIAN RIVER AVENUE
TITUSVILLE FL 32796

9. Name and Address of New Registered Agent

REINSTATEMENT 99 | TS

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

Suite, Apt. #, Etc.

City | State: FL | Zip Code

CR2E040 (8/99)

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: _____ Date: 11-9-99

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: Lawey L. Harris — 11-9-99 — 321-636-0426

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | Date | Daytime Phone #

0014212 AF