

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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CORPORATION
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 JAN -2 PM 3:30

99-01-UBR

DOCUMENT # N12673

1. Corporation Name

Local 412, Manatee and Sarasota County,
International Alliance of Theatrical
Stage Employees and Stagehands

2. Principal Office Address

P.O. Box 1307

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 1307

Suite, Apt. #, etc.

City & State

Tallevast, Florida

City & State

Tallevast Florida

Zip

34270-1307

Country

U S A

34270-1307

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

12/20/85

5. FEI Number

59-27-10633

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Drake, J Kevin, Esquire

100003535721--8

-01/12/01--01060--006

***183.75 ***183.75

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

1345 Main Street, Suite 204 1432 1st Street

Suite, Apt. #, Etc.

City

Sarasota

State

FL

Zip Code

34236

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

12/29/00

1/13/01

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	Slattery, Bryan	1855 Orchid St	Sarasota FL 34239
PD	Petlock, Martin R	442 North Shore Dr	Sarasota FL 34234
S	Barham, Patricia A	PO Box 5909 6513 Texas ST	Bradenton FL 34281
V	Petlock, Hilare Ann	442 North Shore Dr	Sarasota FL 34234
D	Floyd Powell, Floyd	5705 45St E.#284	Bradenton FL 34203
T	Werling, Fredrick J	324 Magellan Dr	Sarasota FL 34234

10. 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:

Martin R Petlock

12/29/00

941-359-9972

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (9/99)

2

December 28 2000

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

To Who it may concern:

We did not receive notification of renewal of Document # N12673 . We ask that the late charges be waved. Enclosed is Check# 04129 for the amount of \$183.75.

Thank You
Sincerely,

Patricia A. Barham



I.A.T.S.E. Local 412
P.O.Box 1307
Tallevast Florida 34270-1307
(941) 758-1071

