PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR ~~REINSTATEMENT~~

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
96 SEP 24 PM 2:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N14271

1. Corporation Name
The Ritz Theatre District, Inc

Principal Place of Business
9/1544 West 25th St.
Jacksonville, FL 32209

Mailing Address
c/o 1544 W. 25th St
Jacksonville, FL 32209

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

DO NOT WRITE IN THIS SPACE

2. New Principal Office Address, If Applicable
1544 W. 25th Street
Suite, Apt. #, etc.
City & State
Jacksonville FL
Zip 32209 Country USA

3. New Mailing Address, If Applicable
1544 W. 25th Street
Suite, Apt. #, etc.
City & State
Jacksonville FL
Zip 32209 Country USA

4. Date Incorporated or Qualified To Do Business in Florida
4/9/1986

5. FEI Number
59-2728506
☐ 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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
Founder D	Anthoneé J. Patterson	1544 W. 25th Street Jax, FL 32209	Jacksonville, FL 32209
Chairperson D	Dr Janetta Norman	1497 W. 21st Street	Jax., FL 32209
V Ch D	Gary Corbitt	4 Broadcast Place	Jax., FL 32247
T D	Richard McKissicks	3102 Tall Pine Lane #3	Jax., FL 32277
Sec D	Lillian Holt	2567 College Street	Jax., FL 32202

8. Name and Address of Current Registered Agent
Anthoneé J. Patterson, Founder
1544 W. 25th Street
Jacksonville, FL 32209

9. Name and Address of New Registered Agent
Name: Anthoneé J. Patterson
Street Address (P.O. Box Number is Not Acceptable): 1544 W. 25th Street
Suite, Apt. #, Etc.
City: Jacksonville, State: FL, Zip Code: 32209

C92E040 (12/95)

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
REGISTERED AGENT MUST SIGN
Date 9/20/96

000001975550--3
-10/1536-0122-030
*****61.25 *****61.25
(See other side for information on intangible tax.)

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☑

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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: Anthoneé Patterson 9/20/96 (904) 354-3108
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Filed as Annual Report - Reinstatement for the year 1996 9/24/96