

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED

00 JAN -4 AM 8:29

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N14721

1. Corporation Name

THE ACTORS' COMMUNITY THEATRE, INC.

Principal Place of Business

JOHN B. BOY AUDITORIUM  
S. W.C. OWEN AVE.  
CLEWISTON FL 33440  
US

Mailing Address

P. O. BOX 166  
LAKE HARBOR FL 33459  
US

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

2. New Principal Office Address, if Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, if Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

05/05/1986

5. FEI Number

59-2832167

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	4 City / State / Zip
P	LASAGNA, KAYE	615 E ESPERANZA	CLEWISTON FL
S	<del>BUCHANAN, ANN</del> Kaye Lasagna	<del>P.O. BOX 2702 N/A</del> 615 E Esperanza Ave	CLEWISTON FL
T	<del>HUSS, JOHANNA</del> Shelley Hegley	<del>300 SAGINAW AVE</del> 409 E Pasadena	CLEWISTON FL
D	<del>GOUSSEAU, RALPH</del> Frank Lasagna	<del>321 W HAITIAN</del> 615 E. Esperanza Ave.	CLEWISTON FL
D	<del>FRANSER, JOHN</del> a reinstated	<del>417 ROYAL PALM WAY</del>	CLEWISTON FL 33440

8. Name and Address of Current Registered Agent

HUSS, JOHANNA  
300 SAGINAW AVE  
CLEWISTON, FL 33440

9. Name and Address of New Registered Agent

Name

Kaye Lasagna

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

615 E. Esperanza

Suite, Apt. #, Etc.

City

Clewiston

State

FL

Zip Code

33440

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

*Kaye Lasagna*  
REGISTERED AGENT MUST SIGN

Date 12/28/99

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.

KE

SIGNATURE:

*Kaye Lasagna*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/28/99 941-983-1520  
Date Daytime Phone #