

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 29 PM 3:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N20837**

1. Corporation Name

CHARLOTTE SYMPHONY ORCHESTRA, INC.

Principal Place of Business

Mailing Address

~~12626 SHERI STREET SW~~
~~LAKE SUZY FL 33952~~
US

~~P.O. BOX 7052~~
~~PORT CHARLOTTE FL 33949-052~~
US



200024220852
10/29/03--01005--004 **245.00

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

2. New Principal Office Address, If Applicable

22119 ELMIRA Blvd.

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

P.O. Box 495831

Suite, Apt. #, etc.

4. Date Incorporated or Qualified
To Do Business in Florida

05/27/1987

5. FEI Number

59-2029342

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

City & State
Port Charlotte FL

City & State

Zip
33952

Country
U.S.A.

Zip
33949-5831

Country

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
PD	ADOMATIS, RICHARD MONDELLO, Kate	125 ROSELLE CT 25188 MARION AVE, Villa 9	MERRITT ISLAND FL 32952 Punta Gorda FL 33950
TD	STUART, DONALD LIDON, PAUL V	22427 DELHI AVE 1486 WASSAIL LN	PORT CHARLOTTE FL 33983
SD	HOLLINGER, KATHY BAUMGARTNER, LARRY	368 SEVERIN RD 21044 Churon Ave	PORT CHARLOTTE FL 33952
VD	GATEFF, ANN K	27406 MISTY AVENUE	PUNTA GORDA FL 33982
UD	HAUK, JANITA	12626 SHERI STREET S.W.	LAKE SUZY FL
VD	SIMPSON, ANNE	421 FIREBALL CT	PUNTA GORDA FL 33950

8. Name and Address of Current Registered Agent

STUART, DONALD
22427 DELHI AVE
PORT CHARLOTTE FL 33952

9. Name and Address of New Registered Agent

Name

LIDON, PAUL V

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

22119 ELMIRA Blvd

Suite, Apt. #, Etc.

City

Port Charlotte

State

FL

Zip Code

33952

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. or 617.0505, F.S.

Signature of
Registered Agent

Paul V. Lidon

REGISTERED AGENT MUST SIGN

Date

10-23-2003

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:

Paul V. Lidon

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

941-625-5996

CR2E040 (7/03)