

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION FOR REINSTATEMENT**



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

**FILED**

01 JAN 22 PM 2:56

SECRETARY OF STATE  
 TALLAHASSEE FLORIDA

**DOCUMENT # N44455**

1. Corporation Name

**THE FLAGLER AUDITORIUM GOVERNING BOARD, INC.**

Principal Place of Business

Mailing Address

THE FLAGLER COUNTY SCHOOL BOARD  
 STATE ROAD 100  
 BUNNELL FL 32110

FLAGLER CO. SCHOOL BOARD  
 P.O. BOX 755  
 BUNNELL FL 32110



**REINSTATEMENT** 2000-01

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		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		07/26/1991	
City & State		City & State		5. FEI Number	
Zip		Country		59-3079371	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	
P	ADAMS, RICHARD	16 WESTFALLS LANE	PALM COAST FL 32137
D	BERGEN, JOYCE	5 BOYD PLACE	PALM COAST FL 32137
D	DICKSON, DAVE	125 WOODHAVEN DRIVE	PALM COAST FL 32137
S	MORRIS, LAURA	500 N CHAPEL	BUNNELL FL 32110
V	LUSBY, DAVID	1 CORPORATE DRIVE	PALM COAST FL 32151
T	VEGA, JOHN	11 CAYUGA COURT	PALM COAST FL 32137

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
CHIUMENTO, MICHAEL D. 4 OLD KINGS ROAD NORTH PALM COAST FL 32137		Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City	
		State <b>FL</b>	
		Zip Code	

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: *[Signature]* **SIGNATURE REQUIRED** Date: 1/16/2001 **KE**

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:** *[Signature]* **SIGNATURE REQUIRED** Secretary  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 1-16-2001 Daytime Phone #: 904-437-3233

CR2E040 (8/00)