

2004 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION

04 DEC 28 PM 2:41

DOCUMENT # N46391
1. Entity Name
THE SOUTH FLORIDA LAMBDA CHORALE, INC.



Principal Place of Business
PO BOX 9075
FT. LAUDERDALE, FL 33310-9075

Mailing Address
PO BOX 9075
FT. LAUDERDALE, FL 33310-9075

REINSTATEMENT 04



2. Principal Place of Business
6278 N. Federal Hwy
Suite, Apt. #, etc.
#611

3. Mailing Address
Same

City & State
Ft. Lauderdale

Zip
33308

Country
USA

12152004 REIN-NP CR2E099 (6/04)

4. FEI Number
65-0365732

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
MARTORILLI, CARMINE A
3004 NE 5TH TERR., #207
WILTON MANORS, FL 33334

7. Name and Address of New Registered Agent
Name
Bill DiStanisloa
Street Address (P.O. Box Number is Not Acceptable)
22344 Calibre Ct., #303
City
Boca Raton FL Zip Code
33433

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Bill DiStanisloa Bill DiStanisloa 12/15/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$61.25
After January 1, 2005, Fee will be \$122.50

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Make check payable to:
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	MARTORILLI, CARMINE	
STREET ADDRESS	3004 NE 5TH TERR., #207	
CITY-ST-ZIP	WILTON MANORS, FL 33334	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	WILSON, JOHN	
STREET ADDRESS	PO BOX 23354	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33307	
TITLE	S	<input type="checkbox"/> Delete
NAME	RYAN, JOE	
STREET ADDRESS	2346 NE 6TH AVE	
CITY-ST-ZIP	WILTON MANORS, FL 33305	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	KISLIK, LAURIE S	
STREET ADDRESS	5830 NW 74TH PLACE, #201	
CITY-ST-ZIP	COCONUT CREEK, FL 33073	
TITLE	REP	<input type="checkbox"/> Delete
NAME	CORMIER, CAROL	
STREET ADDRESS	13441 NW 5TH STREET	
CITY-ST-ZIP	PLANTATION, FL 33325	
TITLE	REP	<input type="checkbox"/> Delete
NAME	ARTALE, ROBERT	
STREET ADDRESS	2316 NE 6TH STREET	
CITY-ST-ZIP	WILTON MANORS, FL 33305	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Bill DiStanisloa	
STREET ADDRESS	22344 Calibre Ct., #303	
CITY-ST-ZIP	Boca Raton, FL 33433	
TITLE	Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	John Schwarz	
STREET ADDRESS	8031 Southwest Blvd., Apt. K-4	
CITY-ST-ZIP	N. Lauderdale, FL 33068	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Bill DiStanisloa 12/15/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #