

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION
FOR
REINSTATEMENT



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

APPROVED
AND
FILED

97 JUL 31 AM 7:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # NA3000000781

1. Corporation Name

ORLANDO JUNIOR THEATRE, INC.

Principal Place of Business

Mailing Address

1455 THORNHILL CIRCLE
OUIDO FL. 32765

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

03-12-93

5. FEI Number

59-3179274

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
1	2	3	4
Director	Michael Bryan	6525 LAKE CHARM CIRCLE OUIDO	OUIDO FL 32765
Director	Elizabeth Kuzman	1052 DEES DRIVE	OUIDO FL 32765
Secretary	Mariann Ellis	1007 FAIRCLOTH COURT	OUIDO FL 32765
TREAS.	PETE LYONS	P.O. BOX 729 ND	OUIDO FL 32765
PRES.	CAROLE L. MAWHINNEY	1455 THORNHILL CIRCLE	OUIDO FL 32765

900002257609-5
-08/05/97-01016-005
****359.00 ****359.00

8. Name and Address of Current Registered Agent

Joseph C. L. Welch
Zimmerman, Shuffield, Kiser &
Sutcliffe, P.A.
315 E. ROBINSON STREET STE 600
ORLANDO FL. 32801

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and agree to the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

Same as before

REGISTERED AGENT MUST SIGN

Date

7/28/97

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

(See other side for information
on intangible tax.)

12. 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: CAROLE L. MAWHINNEY CAROLE L. MAWHINNEY 07-17-97 4073463816

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (12/96)