

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

02-03

FILED

03 FEB 12 PM 4:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N93000001835

1. Corporation Name

CIVIC THEATRE FOUNDATION, INC.

Principal Place of Business

1001 EAST PRINCETON STREET
ORLANDO FL 32803-1420
US

Mailing Address

1001 EAST PRINCETON STREET
ORLANDO FL 32803-1420
US

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

04/26/1993

5. FEI Number

59-3182316

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
CD	DAGOSTINO, PETER	4000 CENTRAL FLORIDA BLVD	ORLANDO FL 32816
TD	SANTOS, FRANK DEVELOPMENT CHAIR	7600 INTERNATIONAL DR.	ORLANDO FL 32819
VCD CD	CHRISTIANSEN, PATRICK BOARD CHAIR	255 S. ORANGE AVE., 17TH FLOOR	ORLANDO FL 32801
SD	NICHOLSON, SONJA BOARD SECRETARY	150 N. SPRING LAKE DR.	ALTAMONTE SPRINGS FL 32714
	MR BOB HOLMES FINANCE CHAIR	12424 RESEARCH PARKWAY #140	ORLANDO, FL 32826-3259
			100013718211 03/10/13--01005--030 **236.25

8. Name and Address of Current Registered Agent

~~DAGOSTINO, PETER~~ - PATRICK CHRISTIANSEN
UCF CIVIC THEATRE
4000 CENTRAL FLORIDA BLVD
ORLANDO FL 32816-2372
255 S. ORANGE AVE.
17th FLOOR
ORLANDO, FL 32801

9. Name and Address of New Registered Agent

Name
UCF Civic Theatre
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
4000 Central Florida Blvd.
City
Orlando
State
FL
Zip Code
32816-2372

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

[Signature]
SIGNATURE REQUIRED

Date 1-15-03

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-15-03

CR20040 (8/02)