

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

CORPORATION
REINSTATEMENT

02 U3R

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

DOCUMENT # N930000D4241

1. Corporation Name

Amici Chamber Players, Inc.

2. Principal Office Address

4516 Linwood St.

Suite, Apt. #, etc.

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

Sarasota, FL

Zip

34232

Country
USA

City & State

Zip

Country

600009006258
11/14/02-01069-020 **551.25

4. Date Incorporated or Qualified
To Do Business in Florida

9/16/93

5. FEI Number

65-0438806

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required
for a Certificate of Status

Name

Christopher Pegis

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

4516 Linwood St.

Suite, Apt. #, Etc.

City

Sarasota

State
FL

Zip Code
34232

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Date

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Treas	Christopher Pegis	4516 Linwood St.	Sarasota, FL 34232
Dir	Roger Easton	2561 Delorraine Trail	Maitland, FL
Dir	Richard Pegis	750 Prospect Ave.	Sarasota, FL

10. 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 AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

x 11/14/02 (941) 379-5411
Daytime Phone #

CR2E081 (9/01)

November 11, 2002

To: Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

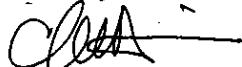
Re: Amici Chamber Players, Inc.
4516 Linwood Street
Sarasota, FL 34232-3423
Document #N93000004241
FEI #65-0438806

To Whom This May Concern:

Recently, the Department of Agriculture & Consumer Services notified me that their records did not show that this corporation had a status of "active" with the Department of State. Per a phone call with someone in your office, I learned that the status has not been "active" since August 1994. I was not aware that Amici Chamber Players, Inc. should have been filing a Uniform Business Report annually and I do not recall ever receiving forms to file. It has never been my intention to dissolve this corporation and the Uniform Business Reports would have been filed if I had received them.

Enclosed is a completed Corporate Reinstatement form and payment of \$551.25. Please notify me if you require additional information. Thank you for your time with this.

Sincerely,



Christopher Pegis
4516 Linwood St.
Sarasota, FL 34232
(941) 379-5411