

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N93000004241**

1. Corporation Name

AMICI CHAMBER PLAYERS, INC.

Principal Place of Business Mailing Address

4516 LINWOOD STREET
SARASOTA FL 34232

4516 LINWOOD STREET
SARASOTA FL 34232

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

Zip

Country

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
T	PEGIS, CHRISTOPHER	4516 LINWOOD STREET	SARASOTA FL 34232
D	PEGIS, RICHARD J	750 PROSPECT AVENUE	HARTFORD CT 06104
D	EASTON, ROGER	2561 DELORAIN TRAIL	MAITLAND FL 34232

8. Name and Address of Current Registered Agent

PEGIS, CHRISTOPHER A
4516 LINWOOD STREET
SARASOTA FL 34232

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 accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date 10/13/03

CR2E040 (7/03)

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: Christopher A. Pegis Date 10/13/03 (941) 379-5441
SIGNATURE AND-TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #