

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

1997 JUL 14 AM 9:42

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **N93000005741**

1. Corporation Name

**PALETTE, MASK AND LYRE STUDIO THEATRE, INC.**

Principal Place of Business

Mailing Address

4532 SUBURBAN PINES DRIVE  
LAKE WORTH FL 33463

4532 SUBURBAN PINES DRIVE  
LAKE WORTH FL 33463



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.

8545 Bonita Isle Dr  
Lake Worth, FL

← Same  
City & State

Zip

Country

Zip

Country

33467-5532 USA

4. Date Incorporated or Qualified  
To Do Business In Florida

12/21/1993

5. FEI Number

65-0478705

Applied For

Not Applicable

6.

2 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)

| 1<br>Title(s) | 2<br>Name of Officers<br>and/or Directors | 3<br>Street Address of Each<br>Officer and/or Director<br>(Do NOT Use Post Office Box Numbers) | 4<br>City / State / Zip     |
|---------------|---|--|-----------------------------|
| PD            | O'CONNOR, JAMES                           | 4532 SUBURBAN PINES DRIVE<br>8545 Bonita Isle Dr   | LAKE WORTH FL<br>33467-5532 |
| VD            | O'CONNOR, MARGARET                        | 5600 NORTH DIXIE HWY., #1908   | WEST PALM BEACH FL          |
| TSD           | SACKETT, PAULA                            | 1895 PRIMROSE LANE   | WELLINGTON FL 33414         |
| D             | FETTERLY, MARK<br>FETTERLY, MARK          | 6663 HILLSIDE LANE   | LANTANA FL 33462            |
| D             | HUDSON, LISE                              | 8145 C BRIDGEWATER CT.   | LAKEWORTH SHORES FL 33406   |
| D             | ROSENBERG, JEFFERY                        | 6310 BRECHEN RIDGE CT.   | LAKEWORTH FL 33467          |

8. Name and Address of Current Registered Agent

O'CONNOR, JAMES  
4532 SUBURBAN PINES DRIVE  
LAKE WORTH FL 33463

Name

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

8545 Bonita Isle Drive

Suite, Apt. #, Etc.

Lake Worth

City

Lake Worth

State

FL

Zip Code

33467-5532

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.

Signature of  
Registered Agent

*[Signature]*  
REGISTERED AGENT MUST SIGN

Date 6/19/97

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

000002237560-4

07/14/97 0152-001  
\*\*\*315.00\*\*\*

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.

THIS BUSINESS HAS BEEN INACTIVE SINCE 4/1/96 DUE TO MY BEING SHOT 6 TIMES. I AM JUST  
NOW ABLE TO BEGIN ACTIVE STATUS.

SIGNATURE:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
James T. O'Connor

6/19/97 (561) 968-3986  
Date Daytime Phone #

CR20040 (7/96)