

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

00 APR 28 PM 3:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AL 5/5

DOCUMENT # **N94000005416**

1. Corporation Name

The Florida Orchestra Guild/Tampa, Inc.

500003230105--8

-04/28/00--01128--003

****428.75 ****428.75

2. Principal Office Address

101 S. HOOVER BLVD.

Suite, Apt. #, etc.

#100

City & State

TAMPA, FL

Zip

33609

Country

USA

3. Mailing Office Address

101 S. HOOVER BLVD.

Suite, Apt. #, etc.

#100

City & State

TAMPA, FL

Zip

33609

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

11/01/94

5. FEI Number

59-3296303

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

JOHN FEYL c/o THE FLORIDA ORCHESTRA

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

101 S. HOOVER BLVD

Suite, Apt. #, Etc.

#100

City

TAMPA

State

FL

Zip Code

33609

*(Change Form
accompanies
this report
naming this
agent)*

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

REGISTERED AGENT MUST SIGN

Date *4/18/00*

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
<i>P</i>	<i>GAYLE F. BERTELSTEIN</i>	<i>5110 W. LONGFELLOW AVE</i>	<i>TAMPA, FL 33629</i>
<i>S</i>	<i>CAROLYN FRANZEE</i>	<i>2522 SUNSET DR</i>	<i>TAMPA, FL 33629</i>
<i>T</i>	<i>CAROL MARTIN</i>	<i>106 ADRIATIC AVE</i>	<i>TAMPA, FL 33606</i>
<i>VP</i>	<i>BOBBIE TAYLOR</i>	<i>4937 LYFORD CAY RD</i>	<i>TAMPA, FL 33629</i>
<i>VP</i>	<i>BARBARA JENKINS</i>	<i>17712 GREY EAGLE RD</i>	<i>TAMPA, FL 33647</i>
<i>VP</i>	<i>LAVINIA WADE</i>	<i>705 S. LOIS AVE</i>	<i>TAMPA, FL 33609</i>

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:

GAYLE F. BERTELSTEIN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/19/00

Daytime Phone #

813-839-0279

CR2E081 (9/99)