

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

DOCUMENT # **N95000004749**

1. Corporation Name

**FULL MOON THEATRE, INC.**

**W99-28937**

Principal Place of Business

Mailing Address

**3328 THORNWOOD RD  
SARASOTA, FL 34231**

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, if Applicable

**3328 THORNWOOD RD**

Suite, Apt. #, etc.

3. New Mailing Office Address, if Applicable

**3328 THORNWOOD RD**

Suite, Apt. #, etc.

City & State

**SARASOTA FL**

Zip

**34231**

Country

**SARASOTA**

City & State

**SARASOTA FL**

Zip

**34231**

Country

**SARASOTA**

**REINSTATEMENT**

**97/99**

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number

**65-0563153**

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)

1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4. City / State / Zip
P/D	C. SUZANNE HUDSON-SMITH	3328 THORNWOOD RD	SARASOTA, FL 34231
VP	JEFF KIN	2602 SUNNYSIDE	SARASOTA, FL 34234
D	NANCY MORRIS	3328 THORNWOOD RD	SARASOTA, FL 34231
D	MICHAEL KEISMAN	3744 SURREY LANE	SARASOTA, FL 34235
D	MARILYN FOOTE	4021 VIA MERADA	SARASOTA, FL 34231

8. Name and Address of Current Registered Agent

**C. SUZANNE HUDSON-SMITH  
3263 CROSS CREEK DR.  
SARASOTA, FL 34231**

9. Name and Address of New Registered Agent

Name  
**C. SUZANNE HUDSON-SMITH**

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

**3328 THORNWOOD RD.**

Suite, Apt. #, Etc.

City

**SARASOTA,**

State

**FL**

Zip Code

**34231**

10. I hereby 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

*C. Suzanne Hudson-Smith*  
REGISTERED AGENT MUST SIGN

Date

**11/1/99**

11. This corporation owes the current year Intangible Personal Property Tax due June 30.

Yes ☐ No ☒

(See other side for information on intangible tax.)

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.

SIGNATURE:

*C. Suzanne Hudson-Smith*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**11/16/99**  
Date

**941-924-7619**  
Daytime Phone #

CR2E081 (12/98)