


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
08 NOV -3 PM 3:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N96000000884

1. Corporation Name

Jacksonville Ballet Theatre, INC.

2. Principal Office Address - No P.O. Box #

10131 Atlantic Blvd

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Jacksonville FL

City & State

Zip Country

32225

100137583951
11/03/08--01076--010 **297.50
REINSTATEMENT 07-08

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

59-3362783

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

Dulce Anaya

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

5516 Keystone DR South

Suite, Apt. #, Etc.

City

Jacksonville

State

FL

Zip Code

32207

☐ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

Dulce Anaya

REGISTERED AGENT MUST SIGN

Date 10/26/08

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
Pres	David R. Sutton	1135 Brookwood Rd	Jacksonville FL 32207
V/Pres	Jose M. Garmendia	1858 Mallory St	Jacksonville FL 32205
Sec	Julie McQuiddy	4559 Swilcan Bridge LN NW	Jacksonville FL 3224
Treas	Daniela Genova	12406 Sunchase DR	Jacksonville FL 32240
Dir	Sarah Fix	8667 Hampshire Glen DR	Jacksonville FL 32256
Dir	Dulce Anaya	Same as above	

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 contained in Chapter 119, 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:

D Daniela Genova

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-26-08 (904) 727-7515

Date

Daytime Phone #