

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 JUL 19 AM 11:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N97000003933

1. Corporation Name

FIRST COAST THEATRE ARTS ASSOCIATION, INC.

2. Principal Office Address

3855 Eloise Street

3. Mailing Office Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Jacksonville, FL

City & State

Zip

32205

Country

USA

Zip

Country

**4. Date Incorporated or Qualified
To Do Business in Florida**

7-8-97

5. FEI Number

59-3466732

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 03-04

7. Name and Address of Current Registered Agent

Name

Harriett Leathem

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

3855 Eloise Street

Suite, Apt. #, Etc.

City

Jacksonville

900035797209

05/10/04--01026--033 **236.25

900035797209

05/10/04--01026--034 **8.75

State
FL

Zip Code

32205

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**

Harriett Leathem

REGISTERED AGENT MUST SIGN

Date 4-30-04

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
PD	Harriett Leathem	3855 Eloise Street	Jacksonville, FL 32205
VPD	Reggie Cauthen	2510 Stein Street	Jacksonville, FL 32216
TD	Keith Ketron	1739 Landon Avenue	Jacksonville, FL 32207
SD	Shirley McGrath	7832 Prayer Dr. W.	Jacksonville, FL 32217

900035797209

07/21/01--01089--005 **61.75

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)(f), 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

Harriett Leathem

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-04

Date

(904) 387-0085

Daytime Phone #

or (904) 384-1840