

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

AND  
FILED

01 NOV -9 AM 11:09

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N98000006566

1. Corporation Name

JENNIFER LEAH KAIRIS MEMORIAL FOUNDATION FOR THE  
THEATRE ARTS, INC.

Principal Place of Business

Mailing Address

700 REMINGTON OAK DRIVE  
LAKE MARY FL 32746

~~4175 WEST LAKE MARY BLVD~~  
~~SUITE 172~~  
LAKE MARY FL 32746

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.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

11/16/1998

5. FEI Number

59-3545445

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
C	KAIRIS, JOHN P	700 REMINGTON OAK DR.	LAKE MARY FL 32746
P	KAIRIS, BARBARA	700 REMINGTON OAK DR	LAKE MARY FL 32746
D	OUELLETTE, THOMAS	1000 HOLT AVE., 2735	WINTER PARK FL 32789
D	EISSELE, GILL William	LONGWOOD-LAKEMARY RD	LAKE MARY FL 32746
D	REVELS, JEFF	1001 E. PRINCETON ST	ORLANDO FL 32803
D	SIDNER, WILL	698 REMINGTON OAK DR.	LAKE MARY FL 32746

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

KAIRIS, JOHN P  
700 REMINGTON OAK DRIVE  
LAKE MARY FL 32746

Name

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

Suite, Apt. #, etc.

City

3000004703253  
12/04/01-01013-016  
\*\*\*245-00 \*\*\*245.1  
FL Zip Code

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

REGISTERED AGENT MUST SIGN

Date

11-5-01

11. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

John P. Kairis 10-15-01 407-695-7300