

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**

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

FILED
02 JAN 25 AM 10:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N98000006836

1. Corporation Name

SOUTH SARASOTA COUNTY BALLET EDUCATION PROGRAM, INC

2. Principal Office Address

2670 S MCCALL RD

Suite, Apt. #, etc.

3 AND 4

City & State

ENGLEWOOD, FL

Zip

34224

Country

US

3. Mailing Office Address

1730 SAN SILVESTRO DR

Suite, Apt. #, etc.

City & State

VENICE, FL

Zip

34292-4569

Country

US

4. Date Incorporated or Qualified
To Do Business in Florida

11/30/1998

5. FEI Number

65-0882994

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$2.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

MARJORIE JONES

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

1730 SAN SILVESTRO DR

Suite, Apt. #, Etc.

City

VENICE

State

FL

Zip Code

34292-4569

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

Marjorie E. Jones

REGISTERED AGENT MUST SIGN

Date

Jan 20, 2002

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
PSD	MARJORIE JONES	1730 SAN SILVESTRO DR	VENICE, FL 34292-4569
VD	ALFRED JONES	1730 SAN SILVESTRO DR	VENICE, FL 34292-4569
TD	CHARLES F WHEELER	P.O. BOX 1744	VENICE, FL 34284
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12/28/2001

Daytime Phone #