

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

①

**CORPORATION
REINSTATEMENT**



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

FILED

00 JAN 28 PM 12:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N99-000000010

1. Corporation Name

Central Florida Theatre Alliance, Inc.

2. Principal Office Address

398 W. Amelia Avenue

Suite, Apt. #, etc.

City & State

Orlando, FL

Zip

32801

Country

USA

3. Mailing Office Address

398 W. Amelia Avenue

Suite, Apt. #, etc.

City & State

Orlando, FL

Zip

32801

Country

USA

REINSTATEMENT 01, 2000

4. Date Incorporated or Qualified
To Do Business in Florida

12/31/98

SP

5. FEI Number

59-3499659

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

Lou Tally

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

515 N. St. Clair Abrams Avenue

Suite, Apt. #, Etc.

City

Tavares

State

FL

Zip Code

32778

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

REGISTERED AGENT MUST SIGN

Date 1/27/00

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
P/D	Matthew Wohl	501 Christor Place	Orlando, FL 32803
VP/D	Ford W. Kiene	City Beverages 75 Holden Avenue	Orlando, FL 32839
S/D	Lou Tally	515 N. St. Clair Abrams Avenue	Tavares, FL 32778
T/D	Kimberly Sterling	Resource Consulting Group 315 E. Robinson St., Ste 580	Orlando, FL 803
D	Darby Ballard	673 Scarlet Oak Circle #103	Altamonte Springs FL 32701
see attachment for additional directors			

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)(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:

Lou Tally, Secretary

1/27/00

352-360-3948

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (9/99)