

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

03 APR 22 AM 8:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P00000031595**

1. Corporation Name

DRAMA CORP.

Principal Place of Business

1651 S CONGRESS AVE
WEST PALM BEACH FL 33406

Mailing Address

1651 S CONGRESS AVE
WEST PALM BEACH FL 33406

REINSTATEMENT 02-03



000016681440
04/22/03--01072--022 **900.00

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

4. Date Incorporated or Qualified
To Do Business in Florida

03/28/2000

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEE Number

65-0997640

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P	SUTHERLAND, JEFF	212 OLIVE TREE CIRCLE	WEST PALM BEACH FL 33413
V	BRADEN, JOSEPH Braden, Joseph	1117 N 'L' STREET 6004 60th Way	LAKE WORTH FL 33460 W. Palm Bch., FL 33409
ST P	ELU, JON I	1117 N 'L' STREET	LAKE WORTH FL 33460

8. Name and Address of Current Registered Agent

~~SUTHERLAND, JEFF~~ JON I ELU
1651 S CONGRESS AVE
WEST PALM BEACH FL 33406

9. Name and Address of New Registered Agent

Name JON I ELU
Street Address (P.O. Box Number is Not Acceptable)
1117 N. L Street
Suite, Apt. #, Etc.
City Lake Worth State FL Zip Code 33460

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. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date 11.14.02

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 REQUIRED
JON I ELU
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11.14.02