

# 2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P05000116229

1. Entity Name  
A WEALTHY PLACE ARTS & THEATER COMPANY, INC.



FILED

06 SEP 21 AM 9:46

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
8040 NW 155TH STREET  
MIAMI LAKES, FL 33016

Mailing Address  
8040 NW 155TH STREET  
MIAMI LAKES, FL 33016

2. Principal Place of Business  
15476 NW 77th Ct

Suite, Apt. #, etc.  
Suite 507

City & State  
Miami Lakes

Zip  
33016

Country  
USA

3. Mailing Address  
15476 NW 77th Ct

Suite, Apt. #, etc.  
Suite 507

City & State  
Miami Lakes, FL

Zip  
33016

Country  
USA



4. FEI Number  
20-3384768

Applied For  
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional  
Fee Required

## 6. Name and Address of Current Registered Agent

COOPER, ALICIA R  
8040 NW 155TH STREET  
MIAMI LAKES, FL 33016

## 7. Name and Address of New Registered Agent

Name  
Cooper, Alicia R.

Street Address (P.O. Box Number is Not Acceptable)  
15476 NW 77th Ct

Suite 507

City  
Miami Lakes

FL

Zip Code  
33016

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Alicia R. Cooper

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After January 1, 2007, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

## 10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
CEO  
COOPER, CHAD E  
8040 NW 155TH STREET  
MIAMI LAKES, FL 33016 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
COO  
COOPER, ALICIA R  
8040 NW 155TH STREET  
MIAMI LAKES, FL 33016 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
EVP  
PALMER, RUTH  
8040 NW 155TH STREET  
MIAMI LAKES, FL 33016 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VPO  
BROOKS, AUDREY L  
8040 NW 155TH STREET  
MIAMI LAKES, FL 33016 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VPS  
ELLIOTT, BRYAN T  
8040 NW 155TH STREET  
MIAMI LAKES, FL 33016 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
CFO  
SEARD, FELECIA D  
8040 NW 155TH STREET  
MIAMI LAKES, FL 33016 ☐ Delete

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VPM  
Seard, Damian L  
15476 NW 77th Ct, Ste 507  
Miami Lakes, FL 33016 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
800080186919  
09/26/06--01063--020 \*\*158.75 ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: CECs Chad Cooper

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/21/06

Date

Daytime Phone #

To Whom It May Concern:

I did not receive the Annual Report Notice  
for the year 2006.

CEG  
Chad Cooper  
CEO