PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # **P95000036065**

1. Corporation Name

THE FOXWORTH TALENT THEATRE, INC.

Principal Place of Business

6132 MERRILL ROAD JACASONVILLE FL 32277

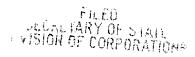
SIGNATURE:

Mailing Address

3020 ILA LANE JACKSONVILLE FL 32277

BEGISTERED AGENT MUST SIGN

on this application is true and accurate, and my signature shall have the same legel effect as if made under oath.



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If above	addresses are in	ncorrect in any way, line t	nrough incorrect in	nformation ar	nd enter correction below.	REINS	TATEMENT	01	
2. New P	rincipal Office A	ddress, If Applicable		ng Office Address, If Applicable		Date Incorporated or Qualified			
Suite, Apt	t. #, etc.		Suite, Apt. #,	Suite, Apt. #, etc.			To Do Business in Florida 05/01/1995		
City & State			City 81State	City & State -		5. FEI Numbe	er 59-3310959	Applied For	
Ony a State			City & State			6.		Not Applicable	
Zip		Country	Zip		Country		TE OF STATUS DESIRED 16	75 Additional Fee required or a Certificate of Status	
7. Names	s and Street Add	resses of Each Officer and	d/or Director (Flo	rida nonprofi	t corporations must list at le	east 3 directors)	-		
Title(s)	Name of Officers and/or Directors			Street Address of Each Officer and/or Director			City / Sta	ate / Zip	
PD	FOXWORTH, TRACY R			5305 SANTA ROSA WAY			JACKSONVILLE FL		
						<u> </u>	00047689 01/11/02 01 ****750.00	9875 037010 ****750.00	
8. Name and Address of Current Registered Agent						9. Name and Address of New Registered Agent			
					Name	Name			
FOXWORTH, TRACY R 3020 ILA LANE JACKSONVILLE FL 32277			±-10a = - ₹`	emperior (Transporter		Street Address (P.O. Box Number is Not Acceptable)			
						Suite, Apt. #, Etc.			
					City		State FL	Zip Code	
10. I, being Signature c	(,	registered agent of the ab	ove named corpo	ration, am fai	miliar with and accept the o	bligations of Sect	ion 607.0505, F.S.		

11. I certify that Lam an officer or director of 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