

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 FEB 13 PM 12:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000044310

1. Corporation Name

PROFESSIONAL THEATRICAL TECHNICIANS

600029125866
02/20/04--01029--004 **450.00

2. Principal Office Address

505 NE 3rd ST

Suite, Apt. #, etc.

200

City & State

DELRAY BEACH

Zip

33483

Country

U.S.A.

3. Mailing Office Address

505 NE 3rd ST

Suite, Apt. #, etc.

200

City & State

DELRAY BEACH

Zip

33483

Country

U.S.A.

REINSTATEMENT 02-04

4. Date Incorporated or Qualified
To Do Business in Florida

1997

5. FEI Number

05-0742631

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$6.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

MARIA MUNRO

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

505 NE 3rd STREET

Suite, Apt. #, Etc.

200

City

DELRAY BEACH

State

FL

Zip Code

33483

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 4/12/03

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
PD	MARIA MUNRO	505 NE 3rd ST	DELRAY BEACH, FL 33483
PV	MAX MUNRO	"	"
S	MAX MUNRO	"	"

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:

MARIA MUNRO

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/03

Date

(954) 275-4685

Daytime Phone #

CR2081 (10/02)

PTT
Professional Theatrical Technicians, Inc.

February 12, 2004

Florida Department of State
Division of Corporations
409 East Gaines St
Tallahassee, FL 32399
Attn: Tina

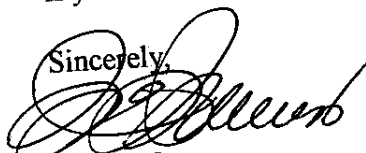
Dear Ms Tina:

Please accept this letter as a request to have penalty fees waived due to address change.
Our new address is 505 NE 3rd St Suite 200
Delray Beach, FL 33483

Enclosed please find a check in the amount of \$450.00 and a copy of the reinstatement form mailed to your office on April 12, 2003. The check that was originally mailed along with the form on April 12, 2003 is still outstanding.

If you should have any questions, feel free to contact me at (954) 275-4685.

Sincerely,



Maria Munro
President