

# **2011 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P97000099079

**FILED**  
**Oct 04, 2011**  
**Secretary of State**

**Entity Name:** PERFORMING ARTS CENTER OF TALLAHASSEE, INC.

**Current Principal Place of Business:**

2028 NORTH POINT BLVD.  
TALLAHASSEE, FL 32308 US

**New Principal Place of Business:**

**Current Mailing Address:**

2800 MORNINGSIDE DRIVE  
TALLAHASSEE, FL 32301

**New Mailing Address:**

2028 NORTH POINT BLVD.  
TALLAHASSEE, FL 32308 US

**FEI Number:** 59-3467352

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

LOWE, AMANDA S  
2800 MORNINGSIDE DRIVE  
TALLAHASSEE, FL 32301 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: AMANDA S. LOWE

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: LOWE, AMANDA S  
Address: 2028 NORTH POINT BOULEVARD  
City-St-Zip: TALLAHASSEE, FL 32308

Title: VP  
Name: SMITH, MARY K  
Address: 2028 NORTH POINT BOULEVARD  
City-St-Zip: TALLAHASSEE, FL 32308

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: AMANDA S. LOWE

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

D

10/04/2011

\_\_\_\_\_  
Date