

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

DOCUMENT # P98000003480

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1. Corporation Name

THE AMPHITHEATER, INC.

Principal Place of Business

644 ISLAND WAY  
SUITE 405  
CLEARWATER FL 34630

Mailing Address

644 ISLAND WAY  
SUITE 405  
CLEARWATER FL 34630

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable  
1609 E. 7TH AVE  
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable  
1609 E 7TH AVE  
Suite, Apt. #, etc.

4. Date Incorporated or Qualified  
To Do Business in Florida 01/08/1998

City & State  
TAMPA FL  
Zip 33605 Country USA

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TAMPA FL  
Zip 33605 Country USA

5. FEI Number  
59-3490492  
Applied For  
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 And Bond Fee required by 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
Pres. Owner	John Santoro	644 ISLAND WAY	CLEARWATER, FL 33767
Owner	Joe Redner	1310 ALICIA AVE.	TAMPA, FL 33604

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-11/16/99--01096--019  
\*\*\*\*750.00 \*\*\*\*750.00

DR 4/10

8. Name and Address of Current Registered Agent

HADLOW, RICHARD B  
220 SOUTH FRANKLIN STREET  
TAMPA ATER FL 33602

9. Name and Address of New Registered Agent

Name  
John Santoro  
Street Address (P.O. Box Number is Not Acceptable)  
1609 E. 7TH AVE.  
Suite, Apt. #, Etc.

City TAMPA State FL Zip Code 33605

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.

Signature of  
Registered Agent

JOHN SANTORO  
REGISTERED AGENT MUST SIGN

Date 10-30-99

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4050

CR25040 (8/99)