


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION <b>OFFICE</b> REINSTATEMENT	 <b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P99000032350**

1. Corporation Name

**PERFORMING ARTS PRODUCTIONS, INC.**

Principal Place of Business

Mailing Address

**2569 FORBES STREET  
JACKSONVILLE FL 32204**

**2569 FORBES STREET  
JACKSONVILLE FL 32204**

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

**04/05/1999**

5. FEI Number

**59-3573217**

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

**\$8.75 Additional Fee required  
for a Certificate of Status**

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
DPT	MEDERS, ISIAH R	<del>2569 FORBES STREET</del> <b>1718 3RD ST.</b>	<del>JACKSONVILLE FL 32204</del> <b>Neptune Beach, FL</b>
SDV	PECK, LESLIE K	<del>2569 FORBES ST.</del> <b>1718 3RD ST.</b>	<del>JACKSONVILLE FL 32204</del> <b>32206</b>

**800004725408--3**  
**-12/13/01--01078--031**  
**\*\*\*\*150.00 \*\*\*\*150.00**

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**MEDERS, ISIAH R  
2569 FORBES STREET  
JACKSONVILLE FL 32204**

Name

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

Suite, Apt. #, Etc.

City

State  
**FL**

Zip Code

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

**Leslie Peck**  
REGISTERED AGENT MUST SIGN

Date **11-30-01**

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:

**Leslie Peck** **LESLIE PECK** **11-30-01** **904-534 3878**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

11-30-01

To whom it may concern:

We recently received this notice and apologize for the delay in our payment. We moved this past year and have had trouble getting our mail. This is the first notice we are aware of concerning our business license. A payment of \$150 is enclosed to keep our business current. Please notify us of when you receive this payment. Thank you for your time and again, we do apologize for the untimely manner of this payment.

Leslie Peck  
Vice President

Correct Address:

Performing Arts Productions Inc.  
1718 3<sup>rd</sup> Street  
Neptune Beach, FL 32266

(904) 534-3878 Leslie Peck  
(904) 537-7893 Isaiah Meders

