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99 JUL 27 PM 2:22

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

99 JUL 27 PM 2:22

96-95

DOCUMENT # S65837

1. Corporation Name

PERFORMING ARTS UNLIMITED, INC.

Principal Place of Business	Mailing Address
4224 West 16 Ave Hialeah Fl 33012	

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
Same	
City & State	City & State
Zip / Country	Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida: 7/12/91

5. FEI Number: 65-0275798 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

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 Officer and/or Director	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P	Nelson Zayas	2849 W 71 St	Hialeah Fl 33018

8. Name and Address of Current Registered Agent

Nancy T. Marrero
4224 West 16 Ave
Hialeah Fl 33012

9. Name and Address of New Registered Agent

Name: Nelson Zayas
Street Address (P.O. Box Number is Not Acceptable): 2849 West 71 St
City: Hialeah | State: FL | Zip Code: 33018

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: [signature] REGISTERED AGENT SIGNATURE | Date: 7/23/99

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes ☒ No ☐ (See other side for information on intangible tax.)

12. I certify that I am an officer or director of the corporation 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 as 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] 7/23/99 (305)828-1603
SIGNATURE OF NEW REGISTERED AGENT, IF CHANGING, OR OF A FLORIDA OFFICER OR DIRECTOR — Date — Daytime Phone #

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Florida Department of State
Division of Corporations
Public Access System
Katherine Harris, Secretary of State

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To:
Division of Corporations
Fax Number : (850)922-4004

From:
Account Name : FAS-T CORP. AGENTS, INC.
Account Number : 071001002335
Phone : (305)599-0839
Fax Number : (305)716-0346

CORPORATION REINSTATEMENT

PERFORMING ARTS UNLIMITED, INC.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	$1,200.00