PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED AND FILED

APPLICATION FOR REINSTATEMENT

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

96 DEC 16 AM 8:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 732899

1. Corporation Name

MASCOTTE ELEMENTARY PARENT-TEACHER ORGANIZATION ,INC.

Principal Place of Business	Mailing Address
513 ALBROOK STREET ~~P.O. BOX 429~~ MASCOTTE FL 34753	513 ALBROOK STREET ~~P.O. BOX 429~~ MASCOTTE FL 34753

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: 05/30/1975

5. FEI Number: 03-0000922 ☐ 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 (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
~~DP~~ P/D	~~KYLE, CRAIG~~ Rydzewski, Cheryl	~~14607 MASCOTTE EMPIRE RD~~ 218 American Legion Rd.	~~GROVELAND FL~~ Mascotte, FL 34753
~~DV~~ V/D	~~MELANIE, HOLLIS~~ Kuykendall, Becky	~~P.O.BOX 939 ALBROOK ST~~ 445 Four Seasons Av	~~MASCOTTE FL 34753~~ Mascotte, FL 34753
~~DS~~ T/D	~~CRAIG, RUTH~~ Shirley Booth	~~14607 MASCOTTE EMPIRE RD.~~ 3727 Lazy Lane	~~GOVELAND FL~~ Groveland, FL 34736
~~DT~~ S	~~SCHLOTTER-GARNER, ELIZABETH~~ Catrina Crawford	~~1205 PENN STREET~~ 13831 Mascotte Empire Rd	~~LEESBURG FL~~ Groveland, FL 34736
~~DC~~	~~SEWELL, MARILYN~~	~~5745 BIBLE CAMP RD~~	~~GROVELAND FL~~
~~CD~~	~~DRAWDY, CINDY~~	~~13935 CHATHAM RD.~~	~~GROVELAND FL~~

8. Name and Address of Current Registered Agent

ELIZABETH, GARNER
P.O.BOX 492422
1205 PENN STREET
LEESBURG FL 34749

REINSTATEMENT 12/16/96

9. Name and Address of New Registered Agent

Name: Rydzewski, Cheryl
Street Address (P.O. Box Number is Not Acceptable): 218 American Legion Rd.
Suite, Apt. #, Etc.:
City: Mascotte
State: FL
Zip Code: 34753

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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 REQUIRED (REGISTERED AGENT MUST SIGN) Date: 11-7-96

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒ (See other side for information on intangible tax.)

12. 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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 11.7.96

Daytime Phone #: 352 ~~904~~ 429.2574

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