

# APPLICATION FOR REINSTATEMENT



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 DEC 15 AM 11:42

DOCUMENT # **703901**

1. Corporation Name

**AUBURNDALE BAND PATRONS, INC**

Principal Place of Business

Mailing Address

125 NORTH PRADO  
P.O. BOX 921  
AUBURNDALE FL 33823

125 NORTH PRADO  
P.O. BOX 921  
AUBURNDALE FL 33823



REINSTATEMENT **OV**

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

4. Date Incorporated or Qualified  
To Do Business in Florida

04/17/1962

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-2372052

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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
SD	<del>NALL, KATHY</del> NALL, Kathy	350 RENSSALAER AVE	AUBURNDALE FL
TD	<del>PORTER, MARK-</del> Terrie DAVIS	342 BAY ST. 701 Hardy Way	AUBURNDALE FL
V	<del>RUNNELS, LARRY-</del> James Crane	615 TODHUNTER WAY PO Box 142	LAKE ALFRED FL Polk City FL 33868
PD	<del>MILLS, JUDY</del> Charlene Hasley	358 SUMMER PLACE DR 675 East Haines Blvd	AUBURNDALE FL Lake Alfred, FL 33850
			700003514897-5 -12/28/00--01006--002 ****236.25 ****236.25

8. Name and Address of Current Registered Agent

MILLS, JUDY  
358 SUMMER PLACE  
AUBURNDALE FL 33823

9. Name and Address of New Registered Agent

Name Charlene Hasley  
Street Address (P.O. Box Number is Not Acceptable)  
675 East Haines Blvd  
Suite, Apt. #, Etc.  
City Auburndale LK Alfred State FL Zip Code 33850

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

REGISTERED AGENT MUST SIGN

Date

12/10/00

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 #

12/10/00

(863) 967-3223