

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 OCT 31 PM 4:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N98000001026

1. Corporation Name

THE PALM BEACH COUNTY MIDDLE SCHOOL OF THE ARTS
PTO, INC.

Principal Place of Business

3701 NORTSHORE DR.
WEST PALM BEACH FL 33407

Mailing Address

3701 NORTSHORE DR.
WEST PALM BEACH FL 33407

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date incorporated or Qualified
To Do Business in Florida

02/20/1998

5. FEI Number

65-0828975

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)

1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director	4. City, State / Zip
CO-PO	PHIPPS, SANDRA Suzanne Zwyssig	3701 NORTSHORE DR.	WEST PALM BEACH FL 33407
VPS CO-P.O.	CARROL SUE Robin Akdeniz	3701 NORTH SHORE DR.	WEST PALM BEACH FL 33407
VPD	RIONDA LISA DELA HELINDA HANSEN	3701 NORTSHORE DR.	WEST PALM BEACH FL 33407
T	STAINBACK, NANCY Joseph Zambuto	3701 NORTSHORE DR.	WEST PALM BEACH FL 33407
S	Karen Anthony	3701 Northshore Dr.	West Palm Beach, FL 33407

8. Name and Address of Current Registered Agent

PERLMAN, ELIZABETH
3701 NORTH SHORE DRIVE
WEST PALM BEACH FL 33407

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

200008736772

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FL

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. or 617.2505, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

10/25/02

11. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.2505, 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)(b), 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

Suzanne Zwyssig

10/25/02 5615826044

Date

Disting Phone #

11/1/02

State of Florida Department of State

CERTIFICATE OF ADMINISTRATIVE DISSOLUTION OR REVOCATION

The below named corporation having failed to file its 2002 corporation annual report/uniform business report, in accordance with Florida Statutes, is hereby administratively dissolved or revoked effective October 4, 2002.

Corporation Name: THE PALM BEACH COUNTY MIDDLE SCHOOL OF THE ARTS
PTO, INC.

Document Number: N98000001026

Given under my hand and the
Great Seal of the State of Florida,
at Tallahassee, the Capital, this the
1th day of October, 2002.



A handwritten signature in cursive script, reading "Jim Smith".

Jim Smith
Secretary of State



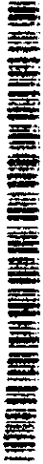
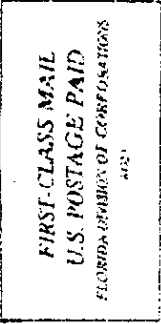
FLORIDA DEPARTMENT OF STATE

Jim Smith
Secretary of State

DIVISION OF CORPORATIONS

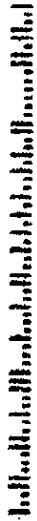
P.O. Box 6327

Tallahassee, Florida 32314



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N980000102E

TO:



THE PALM BEACH COUNTY MIDDLE SCHOOL OF THE ARTS
PTD, INC.
3701 NORTHSORE DR.
WEST PALM BEACH FL 33407-3599