

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 OCT 10 AM 9:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N94000003769

1. Corporation Name

Lehigh Senior High
Music Parents Association, Inc

2. Principal Office Address

901 Gunnery Rd
Suite, Apt. #, etc.

3. Mailing Office Address

3017 49th St SW
Suite, Apt. #, etc.

City & State

Lehigh Acres FL

City & State

Lehigh Acres FL

Zip

33971

Country

USA

Zip

33971

Country

USA

REINSTATEMENT 04-05

600060458396
10/10/05--01079--012 **297.50

CR2E081 (8/05)

**4. Date Incorporated or Qualified
To Do Business in Florida**

7/29/1994

5. FEI Number

65-0510520

Applied For

☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name Jackie Smith

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

3017 49th Street SW

Suite, Apt. #, Etc.

City Lehigh Acres

State
FL

Zip Code
33971

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Jackie Smith
REGISTERED AGENT MUST SIGN

Date 10/6/05

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P/D	Walter J. Blais	4408 27th St SW	Lehigh Acres, FL 33971
V	Deborah A. Dittmar	4305 13th St W.	Lehigh Acres FL 33971
S	Lisa Price	108 Delaware Rd	Lehigh Acres, FL 33971
T/D	Jackie Smith	3017 49th St SW	Lehigh Acres, FL 33971
D	Jay Parales	901 Gunnery Road	Lehigh Acres, FL 33971
		<u>Prugh</u>	

10. 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:

Jackie Smith
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jackie Smith (Treasurer)

Date

Daytime Phone #

10/6/05 (239) 693-5355