

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # 717505

1. Corporation Name

THE SEMINOLE ELEMENTARY PARENT-TEACHER ASSOCIATION, INC.

Principal Place of Business

Mailing Address

ASSOCIATION INC
10950 74TH AVENUE NORTH
SEMINOLE FL 34642

ASSOCIATION INC
10950 74TH AVENUE NORTH
SEMINOLE FL 34642

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

10/31/1969

5. FEI Number

59-2315573

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 3	City / State / Zip 4
D	GUTLER, ELAINE CANGELOSI, BONNIE	10950 74TH AVE NO	SEMINOLE FL 33772
T	TAZZARO, RITA KES, RICHARD	11470 72ND TERR, N 10950-74TH AVE NO.	SEMINOLE FL
VD	WUNDERLICH, AGATHA MARTIN, JUNE	7658 133RD STREET NORTH 10950-74TH AVE NO	SEMINOLE FL 33772
PD	SCHWARTAU, SHERRA	11511 PINE ST	SEMINOLE FL 33772
S	LAUSTER, STEPHANIE NARZINSKY, LARA	11032 - 108TH AVENUE NORTH 10950-74TH AVEN	LARGO FL 33778 SEMINOLE FL 33772

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

KES, RICHARD
GUTLER, ELAINE
10950-74TH AVE N
SEMINOLE FL 34642

Name RICHARD A. KES
Street Address (P.O. Box Number is Not Acceptable)
10950-74TH AVEN.
Suite, Apt. #, Etc.
City SEMINOLE State FL Zip Code 33772

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

Date 4/02/01

REGISTERED AGENT MUST SIGN

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:

SHERRA M. SCHWARTAU 4-2-01 727-393-4600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

FILED

01 JUN 19 PM 4:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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