PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

99 MAY 26 AM 11:19

DOCUMENT # 734624

1. Corporation Name
AVON PARK BAND PARENTS & BOOSTER ASSOCIATION, INC.

Principal Place of Business	Mailing Address
700 E. MAIN ST. AVON PARK, FL 33825	700 E. MAIN ST. AVON PARK, FL 33825

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

REINSTATEMENT 98-99

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

5. FEI Number
59-617-10-71
☐ 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
P/D	INDIA K. MYERS	2035 N. TURBOT RD.	AVON PARK, FL 33825
V/D	VEALDA LAMBRIGHT	406 LK. DENTON TERR.	AVON PARK, FL 33825
S/D	MARY F. HELMS	313 E. CAMPHOR ST.	AVON PARK, FL 33825
T/D	DEBORAH A. BARBER	439 E. SHOCKLEY RD.	AVON PARK, FL 33825

300002899883--6
-06/09/99--01088--003
****297.50 ****297.50

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
DEBORAH A. BARBER P.O. BOX 1877 439 E. SHOCKLEY RD. AVON PARK, FL 33826	Name: DEBORAH A. BARBER Street Address (P.O. Box Number is Not Acceptable): 439 E. SHOCKLEY RD. Suite, Apt. #, Etc. City: AVON PARK State: FL Zip Code: 33825

CR2E081 (12/98)

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: Deborah A Barber — Date: 4/20/99
REGISTERED AGENT MUST SIGN

11. This corporation owes the current year Intangible Personal Property Tax due June 30. 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: Deborah A Barber — DEBORAH A. BARBER — TREASURER DIRECTOR — 4/20/99 — 941-453-4825
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #