

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

08 AUG 11 PM 3:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 737733

1. Corporation Name

CORAL GABLES ELEMENTARY SCHOOL PARENT-TEACHER
ASSOCIATION, INC.

Principal Place of Business

105 Minorca Avenue
Coral Gables, FL 33134

Mailing Address

105 Minorca Avenue
Coral Gables, FL 33134

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

5 January 1997

5. FEI Number

23-7628410

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
DP	Mario A. CABRERA	225 Salamanca Street, Apt. 4	Coral Gables, FL 33134
DVP	Cynthia L. MILLS	3305 Granada Boulevard	Coral Gables, FL 33134
DS	Ann W. DEAM	535 Palermo Avenue	Coral Gables, FL 33134
DT	John P. DUBEY	3771 SW 26 Terrace	Miami, FL 33134

REINSTATEMENT

90-98
7/11/98

8. Name and Address of Current Registered Agent

Jerome C. LEVENSTEIN
300 Candia Avenue
Coral Gables, FL 33134

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

100002618261-7

-08/18/98-01007-003

367.50-367.50

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.

Signature of
Registered Agent

Jerome C. Levenstein
REGISTERED AGENT MUST SIGN

Date 5 August 1998

11. This corporation owes or has paid 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:

Mario A. Cabrera

Mario A. CABRERA

5 August 1998

Date

Daytime Phone #
(305) 442-9542