## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

## APPLICATION **FOR** REINSTATEMENT



## FLORIDA DEPARTMENT OF STATE

## Glenda E. Hood

Secretary of State DIVISION OF CORPORATIONS

**DOCUMENT #** 

766032

1. Corporation Name

FILED

04 SEP 13 關 8:32

SECRETART CLISTATE TALLAHASSEE, FLORIDA

PLANTATION MIDDLE SCHOOL PARENT-TEACHER ORGANIZATION OF THE PLANTATION MIDDLE SCHOOL					
Principal Place of Business	Mailing Address	┤ ^			

6600 WEST SUNRISE BLVD 6600 WEST S PLANTATION FL 33313 PLANTATION									
	ddresses are incorrect in any way, line th	·· <del></del> -			<del></del>	STATEMEN	03-04		
		ng Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida 12/08/1982					
Suite, Apt. #, etc. Suite, A		Suite; Apt.:#;	-#; etc				Applied For		
City & State City &		City & State	ite				Not Applicable		
Žip	Country	Zip	Country	1	_6. CERTIFICATE		Additional Fee required a Certificate of Status		
7. Names	and Street Addresses of Each Officer and	/or Director (Flo	rida nonprofit corporat	tions must list at lea	st 3 directors)				
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director		City / State / Zip					
TD	MCNALLY, DEBBIE	1 <del>200 N.W. 100 W</del>	AY		PLANTATION FL -				
PD	AKAR, CHRIS	1087 NW 96 AVENUE		PLANTATION FL 33322					
PD	MCKERLIE, JO MATTOCKS	7 <del>360 NW 4TH ST : #208 -</del>		a dias	FORT LAUDERDALE FL 33317_				
P	TANIS MACKAY	11650 NW 21 CT F) 08/30			0040648139 /0401092003 **236,25				
V	Rosie Fortney	11700 TARA DRIVE			Plantation, F1 33325				
T	Korey Messenheimer 701 Ribge woo Plantation FI					HLANE Plantation, Fl 33317			
	8. Name and Address of Current	Registered Age	ent	Name	9. Name and Address of New Registered Agent				
7360 N	RUE, JO MATTOCKS IW 4TH ST #208 LAUDERDALE FL-33317 -	,		Name    Ani					
				CityPlantad		State FL	Zip Code 33323		
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 617.0505, F.S.									
Signature of Registered Agent Mackay Bell Date 3/12/04									

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 filling 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:

SIGNATURE TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR