

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

97 NOV 24 AM 11:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 766819

1. Corporation Name
DADE COUNTY SCIENCE TEACHERS' ASSOCIATION, INC.

Principal Place of Business 9230 SW 59TH STREET MIAMI FL 33173 US	Mailing Address 7350 SW 133 TERR MIAMI FL 33156 US
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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

REINSTATEMENT 97

4. Date Incorporated or Qualified To Do Business in Florida **02/03/1963**

5. FEI Number **59-2405449** 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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
DS	LEE, MILLIE	13125 SE 72ND ST.	MIAMI FL
D	BOSSELER, MARCIE	12401 SW 74TH AVENUE	MIAMI FL
DV	ZIELER, BARBARA	13125 SW 72ND ST	MIAMI FL
DP	BANAS, SUZANNE	19400 GULFSTREAM RD	MIAMI FL
DT	SIEGFRIEDT, MARIA	7350 SW 133 TERR	MIAMI FL

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**BANAS, SUZANNE
19400 GULFSTREAM ROAD
MIAMI FL 33157**

Name
Street Address (P.O. Box Number is Not Acceptable) **500002360585-5**
Suite, Apt. #, Etc. **12/02/97-01048-004**
City State Zip Code
*****236.25 ***236.25**
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 *Suzanne Banas*
REGISTERED AGENT MUST SIGN

Date **Nov. 14, 1997**

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: *Maria A. Siegfriedt* **MARIA A. SIEGFRIEDT**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **11-12-97** Daytime Phone # **(305) 232-2044**

CR2E040 (8/97)