

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # 769020

1. Corporation Name

MAPLEWOOD ELEMENTARY PARENT TEACHER ORGANIZATION
, INC.

Principal Place of Business

9850 RAMBLEWOOD DR
CORAL SPRINGS FL 33071
US

Mailing Address

9850 RAMBLEWOOD DR
CORAL SPRINGS FL 33071
US

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

FILED

01 OCT 15 AM 8:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT

[Signature]

4. Date Incorporated or Qualified
To Do Business in Florida

05/15/1983

5. FEI Number

59-2295898

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
TTD	TEBBEN, DEBBIE	1882 NW 97 AVE	CORAL SPRINGS FL 33071
DP	STRASSER, MAUREEN A	10124 NW 19 STREET	CORAL SPRINGS FL 33071
DV	ROJAS, ELIZABETH	10951 NW 20TH DRIVE	CORAL SPRINGS FL 33071
DS	MUSMECI, JANINE	1450 102 WAY	CORAL SPRINGS FL 33071
			900004649539--7 -10/23/01--01014--023 ****236.25 ****236.25 LS

8. Name and Address of Current Registered Agent

STRASSLER, MAUREEN A
10124 NW 19 STREET
CORAL SPRINGS FL 33071

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

Maureen A Strassler
REGISTERED AGENT MUST SIGN

Date

10/11/01

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:

Maureen A Strassler
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/11/01

Daytime Phone #

(954)340-4534