

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. *Page 1 of 2*

APPLICATION
FOR
REINSTATEMENT



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

FILED

00 OCT 30 AM 9:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 769494

1. Corporation Name

KATHLEEN SENIOR HIGH SCHOOL BAND PARENTS' ASSOCIATION, INC.

Principal Place of Business

2600 CRUTCHFIELD RD
LAKELAND FL 33805

Mailing Address

2600 CRUTCHFIELD RD
LAKELAND FL 33805



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

4. Date Incorporated or Qualified
To Do Business in Florida

07/20/1983

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-2298135

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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
VP	PARKER, DEBBIE	3217 CHERRY HILL CT	LAKELAND FL 33810
PD	RAULERSON, SARAH	2630 WIREGRASS RD	LAKELAND FL 33810
TD	MAYES, RONDA	627 YOUNG PL	LAKELAND FL 33803
S	GURAN, NANCY	7551 EASTVIEW PL	LAKELAND FL 33810
			900003469619--E
			-11/20/00--01017--012
			****245.00 ****245.00
			REINSTATEMENT 00 78

8. Name and Address of Current Registered Agent

~~ALVAREZ, LOIS P~~
2600 CRUTCHFIELD RD
LAKELAND FL 33805

9. Name and Address of New Registered Agent

Name

Ray, Tom

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

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date *10/25/00*

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:

Debra L. Parker
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10-25-00

Daytime Phone #

863-465-6065

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PD	Parker, Debbie	3217 Cherry Hill Court	Lakeland, Florida 33810
VD	Ashely, Margorie	3412 Justin David Court	Lakeland Florida 33810
TD	Ivey, Ernie	702 Swiss Drive	Lakeland, Florida 33810
S	Overcash, Jill	5611 Kathleen Road	Lakeland, Florida 33810

New Registered Agent

Ray, Tom

2600 Crutchfield Road

Lakeland, Florida 33805