

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

5/22/02 90296 001 *61.25
5/22/02 90296 002 *8.75

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 DEC -6 AM 8:00

DOCUMENT # 00000000 2019

1. Corporation Name

motion Elementary School
Teachers Organization
Inc.

REINSTATEMENT 02-04

2. Principal Office Address

7175 Emerson Rd

Suite, Apt. #, etc.

3. Mailing Office Address

7175 Emerson

Suite, Apt. #, etc.

City & State

Brooksville, Fla.

City & State

Brooksville

Zip

34601

Country

USA

Zip

34601

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

2001

5. FEI Number

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Marline Wilkins (P.T.O. President)

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

1071 Candlelight Blvd

Suite, Apt. #, Etc.

Apt F-89

City

Brooksville

State

FL

Zip Code

34601

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

**Signature of
Registered Agent**

Marline Wilkins

REGISTERED AGENT MUST SIGN

Date 11-10-04

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Pres	Marline Wilkins	1071 Candlelight F-89	Brooksville, Fla 34601
VP	Joe Stearns	956 Coachlight Ln.	Brooksville FL 34601
VP	Christy Counce	33389 Ohio Ave	Ridge Manor FL 33583
Treas	Theresa Baber	5178 Culbreath Rd	Brooksville, FL 34601
Sec	Mary Ann Hancock	5311 Nodoc Rd	Brooksville, FL 34609

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10. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11- (352) 238-0117