

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

10 MAY -4 PM 4:54

DOCUMENT # N00000002520

1. Corporation Name

Heron Band Parents Association

REINSTATEMENT

05-10 BSI/10

000180281340

05/04/10--01052--008 **\$42.50

CR2E081 (4/10)

2. Principal Office Address - No P.O. Box #

18500 Three Oaks Parkway

Suite, Apt. #, etc.

3. Mailing Office Address

18500 Three Oaks Parkway

Suite, Apt. #, etc.

City & State

Fort Myers

City & State

Fort Myers

Zip

33967

Country

USA

Zip

33967

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

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

Willie M. Perry

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

5595 New Pinelake Drive

Suite, Apt. #, Etc.

City

Fort Myers

State

FL

Zip Code

33907

PROFIT CORPORATIONS ONLY

☐ The \$600.00 reinstatement fee is imposed,
except in circumstances which the entity did
not receive the prior notices. By checking
this box, you are certifying the prior
notices were not received and requesting
the reinstatement fee be waived.

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

Willie M. Perry

REGISTERED AGENT MUST SIGN

Date 4-19-10

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
P	Laura Jensen	8288 Buena Vista Rd	Ft. Myers, FL 33967
V	Jerry O'Connor	13244 Lazzaro Ct.	Esteros, FL 33928
T	Tina Winland	9132 Irving Rd.	Ft. Myers, FL 33967
S	Nicole Welsh	8064 Cypress Dr. S	Ft. Myers, FL 33967
D	Willie M. Perry	5595 New Pinelake Dr	Ft. Myers, FL 33907

10. E-mail Address: WillieMP@leeschools.net

(To be used for future annual report notification)

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. I further certify 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:

Laura Jensen Laura Jensen

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/10 239-267-9272

Date

Daytime Phone #