

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

02 AUG -5 AM 10:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N00000008299

1. Corporation Name

DEERLAKE MIDDLE SCHOOL PARENT TEACHER
ORGANIZATION, INC.

700007113857--5
-08/14/02--01067--029
****297.50 ****297.50

REINSTATEMENT 2001-2002

2. Principal Office Address

9902 Deerlake West

3. Mailing Office Address

9902 Deerlake West

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Tallahassee, FL

City & State

Tallahassee, FL

Zip

32312

Country

USA

Zip

32312

Country

USA

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

12/15/2000

5. FEI Number

59-3713358

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

Robert R. McDonald, Esq.

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

101 East College Avenue

Suite, Apt. #, Etc.

City

Tallahassee

State
FL

Zip Code
32301

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

Robert R. McDonald

Date 7-25-2002

REGISTERED AGENT MUST SIGN

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
D C	Nick Joanos	2013 Morning Dove Road	Tallahassee, FL 32312
1st VC	Cathy Brown	10563 Winters Run	Tallahassee, FL 32312
2nd VC	Sandra McCrimmon	3023 Killearn Pointe Ct.	Tallahassee, FL 32312
D S	Emma Guilarte	2813 Turkey Hill Trail	Tallahassee, FL 32312
D T	Rick Gould	7808 McClure Drive	Tallahassee, FL 32312

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:

Robert R. McDonald

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-29-2002

Date

487-1223

Daytime Phone #

CR2E081 (9/01)