

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Jim Smith**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **N01000001048**

1. Corporation Name

**SILVER TRAIL MIDDLE SCHOOL BAND PARENTS ASSOCIATION, INC.**

Principal Place of Business

C/O SILVER TRAIL MIDDLE SCHOOL BAND DIR.  
18300 SHERIDAN STREET  
PEMBROKE PINES FL 33331

Mailing Address

C/O SILVER TRAIL MIDDLE SCHOOL BAND DIR.  
18300 SHERIDAN STREET  
PEMBROKE PINES FL 33331

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

**02/14/2001**

5. FEI Number

**26-2725784**

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
PD	CAPUOZZO, BRAD	1770 SW 7TH STREET	PEMBROKE PINES FL 33029
VPD	MCCOMMON, KATHRYN A	17607 SW 20TH STREET	MIRAMAR FL 33029
SD	RIVERA, MARIA	19112 NW 23RD COURT	PEMBROKE PINES FL 33029
TD	<del>ROSARIO, VILMA S</del> FRANKLIN ROSAS	<del>18900 NW 22ND STREET</del> 17771 SW 18TH STREET	PEMBROKE PINES FL 33029

**100009295041**  
12/02/02--01039--006 \*\*296.25

8. Name and Address of Current Registered Agent

KAYE, ROBERT ESQ.  
KAYE & ROGER, P.A  
6261 NW 6TH WAY SUITE 103  
FORT LAUDERDALE FL 33309

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. or 617.0505, F.S.

Signature of  
Registered Agent

**SIGNATURE REQUIRED**

REGISTERED AGENT MUST SIGN

Date **11/1/02**

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:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**11/1/02**

Daytime Phone #

CR2E040 (8/02)