PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 DEC -8 AM 9:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N01000002053

1. Corporation Name

Sandhill Elementary PTO, Inc.

REINSTATEMENT 02-03

700025330507
12/08/03--01085--012 **297.50

2. Principal Office Address	3. Mailing Office Address
1801 Tyner Road	1801 Tyner Road
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Haines City, FL	City & State: Haines City, FL
Zip: 33844 Country: USA	Zip: 33844 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: Tina Sheehy

Street Address (P.O. Box Number is Not Acceptable): 628 Llama Drive

700025330507
12/08/03--01085--012 **245.00

Suite, Apt. #, Etc.

City: Kissimmee, State: FL Zip Code: 34759

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: Tina Sheehy — Date: 12-1-03

REGISTERED AGENT MUST SIGN

CR2E081 (10/02)

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
TP	Leslie Cross	432 Gannet Ct.	Kissimmee, FL 34759
DV	Tina Sheehy	628 Llama Drive	Kissimmee, FL 34759
DT	PAMELA L. MIXON	4 PINE FOREST DRIVE	HAINES CITY, FL 33844
DS			

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: Leslie Cross Leslie Cross — 12/2/03 — (407)319-3510

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #