

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N01000003685

1. Corporation Name

Trinity Elementary School PTO, INC.

2. Principal Office Address - No P.O. Box #
2209 Duck Slough Blvd

Suite, Apt. #, etc.

City & State

New Port Richey, FL

Zip
34655

Country
USA

3. Mailing Office Address
2209 Duck Slough Blvd.

Suite, Apt. #, etc.

City & State

New Port Richey, FL

Zip
34655

Country
USA

7. Name and Address of Current Registered Agent

Name
Jill White

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

1352 Wyndham Lakes Drive

Suite, Apt. #, Etc.

City
Odessa

State
FL

Zip Code
33556

**4. Date Incorporated or Qualified
To Do Business in Florida** 05/29/2001

5. FEI Number
59-3722191

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required
for a Certificate of Status

☒ The 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

Jill White

REGISTERED AGENT MUST SIGN

Date **9-5-07**

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
DP	Michell Herring	1212 O'Meara Court	Trinity, FL 34655
DV	Annette Sajecki	1300 Wyndham Lakes Drive	Odessa, FL 33556
DV	Tara Stone	10447 Peppergrass Court	Trinity, FL 34655
DS	Holly Horsburgh	1648 Crossvine Court	Trinity, FL 34655
DT	Jill White	1352 Wyndham Lakes Drive	Odessa, FL 33556

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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 contained in Chapter 119, 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:

Jill White **Jill R White**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

9-5-07

Daytime Phone #

813-792-1143