

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

10 JUL 27 PM 3:18

**DOCUMENT # N01000004890**

1. Corporation Name

Switzerland Point Middle School -Parent-Teacher-Student Organization, Inc.

000183717160  
07/27/10-01038-004-420.00

KS

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

777 Greenbriar Rd.

3. Mailing Office Address

777 Greenbriar Rd.

Suite, Apt. #, etc

Suite, Apt. #, etc.

City & State

Switzerland, Fl

City & State

Switzerland, Fl - -

Zip

32259

Country

US

Zip

32259

Country

US

**REINSTATEMENT 07-10**

CR2E081 (6/10)

4. Date Incorporated or Qualified  
To Do Business in Florida

7/11/2001

5. FEI Number

593741022

☐ 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

Minerva Davis-McClintock

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

404 N. Landguard Rd.

Suite, Apt. #, Etc.

City

St. Augustine

State

FL

Zip Code

32092

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

*Minerva Davis-McClintock*

Date *24 July 2010*

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
P	Sarah Brittain	1208 Garrison Dr.	St. Augustine, Fl 32092
V	Minerva Davis-McClintock	404 N. Landguard Rd.	St. Augustine, Fl 32092
V	Jennifer Luczak	1166 Garrison Dr.	St. Augustine, Fl 32092
T	Michelle Langston	131 Village Green Ave.	St. Johns, Fl 32259
S	Michelle Meyers	5036 Blackhawk Dr.	St. Johns, Fl 32259

10. E-mail Address: smoore1920@yahoo.com

(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:

*Minerva Davis-McClintock*

7/24/10

904-502-7542

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Minerva Davis-McClintock