

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

~~Glenda E. Hood~~
Secretary of State

DIVISION OF CORPORATIONS

FILED

03 DEC 10 AM 9:21

DOCUMENT # **N01000005926**

1. Corporation Name

COMMUNITY BACK TO SCHOOL BASH, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 83

Principal Place of Business

2200 N FLORIDA MANGO RD
#102
WEST PALM BEACH FL 33409

Mailing Address

2200 N FLORIDA MANGO RD
#102
WEST PALM BEACH FL 33409

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.

1712 2nd Avenue N.

City & State

Lake Worth, FL.

Zip

33460

Country

U.S.A.

Suite, Apt. #, etc.

1712 2nd Avenue N.

City & State

Lake Worth, FL.

Zip

33460

Country

U.S.A.

4. Date Incorporated or Qualified
To Do Business in Florida

08/17/2001

5. FEI Number

65-1141522

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
DP PD	BOZARTH, TERRY WENDY TIPPETT	2200 N FLORIDA MANGO RD 1712 2nd Avenue N.	WEST PALM BEACH FL 33409 LAKE WORTH, FL. 33460
DV VD	CABRERA, SUZANNE P JULIE SWINDLER	PO BOX 7117 1720 E. TIFFANY DR. STE.101	WEST PALM BEACH FL 33406 WEST PALM BEACH, FL. 33407
DT TD	BERTISCH, HAREEN HARREEN	423 FERN ST STE 200	WEST PALM BEACH FL 33401
DS SD	SWINDLER, JULIE KRISTEN POSTI	1720 E TIFFANY DRIVE SUITE 101 4964 WEDGEWOOD WAY	WEST PALM BEACH FL 33407 WEST PALM BEACH, FL. 33417

8. Name and Address of Current Registered Agent

CABRERA, SUZANNE P
4964 WEDGEWOOD WAY
WEST PALM BEACH FL 33417

9. Name and Address of New Registered Agent

Name
HARREEN BERTISCH

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

Suite, Apt. #, Etc.

SUITE 200

City
WEST PALM BEACH

State
FL

Zip Code
33401

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

Harreen Bertisch
REGISTERED AGENT MUST SIGN

Date

December 3, 2003

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:

Harreen Bertisch
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Dec 3, 2003

Daytime Phone #

(561)
655.8944 x257

CR2E040 (7/03)