

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 OCT 21 AM 9:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N02000003107**

1. Corporation Name

ROOSEVELT HIGH SCHOOL CLASS OF 1960, INC.

Principal Place of Business

Mailing Address

1400 SIXTH STREET
WEST PALM BEACH FL 33401

1400 SIXTH STREET
WEST PALM BEACH FL 33401

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
1400 Sixth Street

4. Date Incorporated or Qualified
To Do Business in Florida

04/22/2002

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State
West Palm Beach, FL

Not Applicable

Zip

Country

Zip

Country

33401

USA

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
Pres.	Annie R. Harrison	1400 SIXTH ST.	W. Palm Beach FL 33401
V. Pres	Robert Miller	1307 Palm Beach Lakes Blvd.	W. Palm Beach FL 33401
Sec.	Margaret Cummings	441 W. 3 rd Street	Riviera Beach FL 33404
Tres.	Dorothy Lewis	646 Park Avenue	Lake Park FL 33403

600023964006

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8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

HARRISON, ANNIE R
1400 SIXTH STREET
WEST PALM BEACH FL 33401

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

Annie R. Harrison

Date **10/7/2003**

REGISTERED AGENT MUST SIGN

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.

Annie R. Harrison

SIGNATURE:

Annie R. Harrison

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/7/2003

CR2E040 (7/03)