

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N02000007027**

1. Corporation Name

TRAFALGAR MIDDLE SCHOOL BAND PARENTS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**2120 TRAFALGAR PARKWAY
CAPE CORAL FL 33991**

**2120 TRAFALGAR PARKWAY
CAPE CORAL FL 33991**

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.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

09/09/2002

5. FEI Number

32-0036517

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
D	MILLS, SUE	2555 SW 27TH ST	CAPE CORAL FL 33914
VD	YOHIO, AMY O'Brien, Erin	P.O. BOX 100974 1432 SE 19th Street	CAPE CORAL FL 33991 33990
TD	DELOZIER, KATHLEEN Guminiaak Tracy	1405 SW 10TH TERRACE 2607 SW 1st Terrace	CAPE CORAL FL 33991
PD	DEMOTT, KERRY	4129 SW 5TH PLACE	CAPE CORAL FL 33914
S	Ludwig, Christine	1012 SW 37th Terrace	cape coral, FL 33914

8. Name and Address of Current Registered Agent

**BAND, SUE M
2555 SW 27TH STREET-
CAPE CORAL FL 33914**

9. Name and Address of New Registered Agent

Name

mills, Sue

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

REGISTERED AGENT MUST SIGN

400024104354
10/27/03--01025--012 **236.25

Date **10/16/2003**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/16/2003

Date

Daytime Phone #

CR2E040 (7/03)