

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 # N02000009274

1. Corporation Name

NORTH BROWARD ACADEMY OF EXCELLENCE PTO, INC.

Principal Place of Business

Mailing Address

949 SW 71ST AVE
NORTH LAUDERDALE FL 33068

949 SW 71ST AVE
NORTH LAUDERDALE FL 33068

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

12/03/2002

5. FEI Number

☒ 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/P/O	BAUST, JACQUELINE ANDERSON, Jody	7804 SW 7TH COURT 1660 NW 1 WAY	NORTH LAUDERDALE FL 33068 POMPANO BEACH, FL 33060
D/T/O	BANCKER, HEIDI WILLIAMS, TAMMY	571 SW 50TH TERRACE 761 SW 50 TER	MARGATE FL 33068 MARGATE, FL 33068
D	COLEMAN, KIMBERLY	7800 SW 3RD STREET	NORTH LAUDERDALE FL 33068
D	KOMMES, STACY CELONA, Kelly	6754 NW 70TH AVE 7934 SW 8th St.	TAMPA FL 33321 N. LAUDERDALE, FL 33068
			500029203095 02/23/04--01031--007 **297.50

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name

Paul R. Hage

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

949 S.W. 71st Ave

Suite, Apt. #, Etc.

City

North Lauderdale

State

FL

Zip Code

33068

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

Paul R. Hage

REGISTERED AGENT MUST SIGN

Date

2/13/04

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:

Jody L. Anderson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/17/04

Date

Daytime Phone #

954 943-3884

CR2E040 (7/03)