

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

12 AUG 14 PM 5:37

REINSTATEMENT 11-12

CR2E081 (11/10)

DOCUMENT # N03000000461

1. Corporation Name

Nease High School PTSO, Inc.

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

10550 Ray Road

3. Mailing Office Address

10550 Ray Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Ponte Vedra, FL

City & State

Ponte Vedra, FL

Zip

32081

Country

USA

Zip

32081

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

1/14/2003

5. FEI Number

81-0599827

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 Theresa NL Collary

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

10550 Ray Road

Suite, Apt. #, Etc.

City

Ponte Vedra

State

FL

Zip Code

32081

000238491100  
08/14/12--01024--001 \*\*245.00

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

Theresa NL Collary

Date 8/8/2012

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
PD	Lois Harris	10550 Ray Road	Ponte Vedra, FL 32081
VPD	Courtney Scherer	10550 Ray Road	Ponte Vedra, FL 32081
RS	Jan Sweet	10550 Ray Road	Ponte Vedra, FL 32081
TD	Theresa Collary	10550 Ray Road	Ponte Vedra, FL 32081

AUG 14 2012

D. BUTLER

10. E-mail Address: nhs.ptso.board@gmail.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., and 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

Lois Ann Harris Lois Ann Harris

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/12/2012 703-944-9105  
Date Daytime Phone #