

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
08 NOV 17 PM 2:19
CLERK OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **NO4000002078**

1. Corporation Name
**Lyons Creek Middle School
Band Parents Organization, Inc.**

2. Principal Office Address - No P.O. Box # 4333 SolPress Blvd.		3. Mailing Office Address 4333 SolPress Blvd.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Coconut Creek, Florida		City & State Coconut Creek, Florida	
Zip 33073	Country U.S.	Zip 33073	Country U.S.

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11/17/08--01069--001 **131.25
REINSTATEMENT (07-08) **07-08**

4. Date Incorporated or Qualified To Do Business in Florida **3/1/04**

5. FEI Number **522415917** 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 **Mr. James Hammond**

Street Address (P.O. Box Number is Not Acceptable)
4946 N.W. 50th St.

Suite, Apt. #, Etc.

City **Coconut Creek** State **FL** Zip Code **33073**

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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 **James Hammond** Date **Nov. 7, 2008**
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
Pres.	Tamara Gregory	5032 N.W. 45 th Ave. C.C., FL 33073	Coconut Creek / FL / 33073
Treas.	Cristy Patterson	6361 N.W. 42 nd Ave.	Coconut Creek / FL / 33073
Vice Pres.	Jenny Cardona	2153 N.W. 45 th Ave.	Coconut Creek FL 33063
Sec.	Karina Dodge	2940 S. Carambola Circle	Coconut Creek FL 33066
Director	James Hammond	4946 N.W. 50 th St.	Coconut Creek, FL 33073

10. 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 contained in Chapter 119, 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

Nov. 7, 2008
Date

754-322-3700
Daytime Phone #