

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 DEC 18 AM 8:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **NO6000003898**

1. Corporation Name

**EAST MILTON ELEMENTARY
PTD, INC.**

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

5156 Ward Basin Rd

Suite, Apt. #, etc.

3. Mailing Office Address

5156 Ward Basin Rd.

Suite, Apt. #, etc.

City & State

Milton, FL

Zip
32583

Country
USA

City & State

Milton, FL

Zip
32583

Country
USA

4. Date Incorporated or Qualified
To Do Business in Florida

APRIL 7, 2006

5. FEI Number

02-0769464

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

Jessica Nicole Phillips

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

5724 Jeff Ates Rd

Suite, Apt. #, Etc.

City

Milton

State

FL

Zip Code

32583

☐ 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

Jessica N. Phillips

REGISTERED AGENT MUST SIGN

Date **NOV 16, 2009**

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
P.	Jessica Phillips	5724 Jeff Ates Rd.	Milton, FL 32583
V.P.	Charity Grundin	4700 Blue Ribbon Dr.	Milton, FL 32583
S	Bridget Sivley	8008 Delta Dr.	Milton, FL 32583
T	Lynda Wells	5284 Black Rd	Milton, FL 32583
D.	Christen Tank	12405 Hwy 90	Holt, FL 32564

10. E-mail Address: **Fishybubbles@bellsouth.net** - Jessica Phillips email

(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., 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.

SIGNATURE

Jessica N. Phillips

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

NOV 16, 2009

Daytime Phone #

850 723-7493