

2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N07000011613	
1. Entity Name THOMAS JEFFERSON MUSIC ASSOCIATION, INC.	



FILED

09 JAN -7 AM 8:31

SECRETARY OF STATE

TALLAHASSEE, FLORIDA



Principal Place of Business 4401 WEST CYPRESS STREET TAMPA, FL 33607	Mailing Address 4401 WEST CYPRESS STREET TAMPA, FL 33607
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address 4401 W. Cypress St	
Suite, Apt. #, etc.		Suite, Apt. #, etc. Band Room A08	
City & State		City & State TAMPA FL	
Zip	Country	Zip	Country
33607	USA	33607	USA

12112008 REIN-NP CR2E099 (1/07)

FEI Number 26-2097450	Applied For Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent TORRES, DENISE 11315 HOLLYGLEN DRIVE TAMPA, FL 33624		7. Name and Address of New Registered Agent Name: Michelle M. Barcello Street Address (P.O. Box Number is Not Acceptable): 5820 Church St # 211 City: TAMPA FL Zip Code: 33614	
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE:	DATE: 12/12/08

(NOTE: Registered Agent signature required when reinstating)

FILE NOW! FEE IS \$61.25 After January 1, 2009, Fee will be \$122.50	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	Make check payable to Florida Department of State
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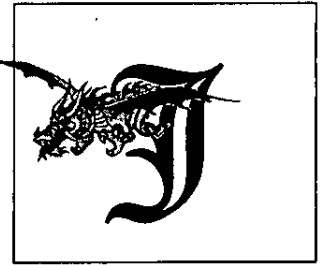
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CONNER, BONNIE 4401 WEST CYPRESS STREET TAMPA, FL 33607	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D MICHELLE M. BARCELO 4401 W. Cypress St TAMPA FL 33607	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD PRATS, PAM 4401 WEST CYPRESS STREET TAMPA, FL 33607	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/D Rob Brown 4401 W. Cypress St TAMPA FL 33607	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DANIEL, VERA 4401 WEST CYPRESS STREET TAMPA, FL 33607	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/D Denise Torres 4401 W. Cypress St TAMPA FL 33607	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.	
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SIGNATURE:	DATE: 12/12/08	DAYTIME PHONE: 813 841 3830
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		

Thomas Jefferson High School
Thomas Jefferson Music Association, INC.

4401 West Cypress Street
Band Room A08
Tampa, FL 33607
Tel: (813) 872-5241



December 12, 2008

Florida Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

Re: N07000011613

Dear Sirs,

It has come to our attention that our not-for-profit corporation has been dissolved due to the lack of supplying our Federal ID number. We never received any correspondence from your office requesting this information or informing us of your intent to dissolve the corporation. Therefore, we respectfully request that the penalty be waived under this circumstance. Your office has already received payment of \$70 as the renewal fee.

Thank you for your consideration in this matter.

Sincerely,

A handwritten signature in black ink, appearing to read 'Denise Torres', written over a horizontal line.

Denise Torres
Music Booster Association Treasurer

Thomas Jefferson High School
Mr. David Rosa

Music Association Director for Magnet Band, Orchestra, and Chorus
4401 West Cypress Street, A08
Tampa, Florida 33607
1-813-872-5241 ext 271
david.rosa@sdhc.k12.fl.us