

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FILED

2019 FEB 19 PM 12:53

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

700826579787
03/13/19--01003--001 *\$58.75

CR2E081 (11/10)

DOCUMENT # N 100 000 1597

1. Corporation Name

South Florida Autism Charter School,
PTSO, Inc.

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

18305 NW 75 PL

Suite, Apt. #, etc.

3. Mailing Office Address

18305 NW 75th PL

Suite, Apt. #, etc.

City & State

Hialeah FL

City & State

Hialeah, FL

Zip

33015

Country

USA

Zip

33015

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

02/16/2010

5. FEI Number

27-1909807

☐ 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

Cicily Nestor

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

20441 NE 10th PL

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33179

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

[Signature]

REGISTERED AGENT MUST SIGN

Date 03/12/2019

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 |
|-----------|--------------------------------------|---|-------------------------|
| <u>P</u> | <u>Cicily Nestor</u> | <u>18305 NW 75th PL</u> | <u>Hialeah FL 33015</u> |
| <u>VP</u> | <u>Miriam Ochoa</u> | <u>18305 NW 75th PL</u> | <u>Hialeah FL 33015</u> |
| <u>T</u> | <u>Mario Fernandez</u> | <u>18305 NW 75th PL</u> | <u>Hialeah FL 33015</u> |
| <u>S</u> | <u>Zahira Andrews</u> | <u>18305 NW 75th PL</u> | <u>Hialeah FL 33015</u> |
| | | | |
| | | | |

10. E-mail Address:

ptso@stacs.org

(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:

[Signature]

01/23/2019 305-832-2700