

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N14237

1. Corporation Name

CYPRESS ELEMENTARY P.T.O., INC.

Principal Place of Business

10055 SWEET BAY CT
NEW PORT RICHEY FL 34654
US

Mailing Address

C/O PTO PRESIDENT
10055 SWEET BAY CT
NEW PORT RICHEY FL 34654
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

04/08/1986

5. FEI Number

59-1285198

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PD	SEGALLA, ANTHONY- Helena V. Fletcher	7337 AMEKA WAY 8725 Worrell Dr	NEW PORT RICHEY FL 34654
VD	GUSAN APPLGATE B. Cherie Angier	13114 LUCILLE DR 6730 Sanderling Ln.	HUDSON FL 34667
SD	GAROL KENNEDY Suzanne Hamilton	10835 CASEY DR 8656 Brookwood Dr	NEW PORT RICHEY FL 34654
TD	POTARIS, WILLIAM B. Cherie Angier	10230 TURKEY OAK DR-- 6730 Sanderling Ln.	NEW PORT RICHEY FL Hudson FL 34667

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-12/02/97-01048--003

8. Name and Address of Current Registered Agent

SEGALLA, ANTHONY
7337 AMEKA WAY
NEW PORT RICHEY FL 34654

Helena V. Fletcher
8725 Worrell Dr
New Port Richey, FL
34654

9. Name and Address of New Registered Agent

Name

Helena V Fletcher

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

8725 Worrell Dr

Suite, Apt. #, Etc.

City

New Port Richey

State

FL

Zip Code

34654

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

Helena V. Fletcher

REGISTERED AGENT MUST SIGN

Date

10/27/97

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☐ No ☒

(See other side for information
on intangible tax.)

12. 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 under section 119.07(3)(l), 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:

Helena V. Fletcher

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/27/97

Date

848-3403

Daytime Phone #

CR2E040 (8/97)