

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # 1014449

1. Corporation Name

Denison Band Parents Association, Inc.

2. Principal Office Address

400 Avenue A, SE

Suite, Apt. #, etc.

City & State

Winter Haven, FL

Zip

33880

Country

Polk

3. Mailing Office Address

400 Avenue A, SE

Suite, Apt. #, etc.

City & State

Winter Haven, FL

Zip

33880

Country

Polk

FILED

OCT 30 AM 10:24

SECRETARY OF STATE
TALLAHASSEE FLORIDA

**4. Date Incorporated or Qualified
To Do Business in Florida**

1986

5. FEI Number

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

David Fultz

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

2133 Edgewater Circle, SE

Suite, Apt. #, Etc.

City

Winter Haven

State

FL

Zip Code

33880

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

REGISTERED AGENT MUST SIGN

Date

10/22/01

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/D	Sheila Nicsinger	212 Overlook Drive	Winter Haven, FL 33884
V/D	Frank Nicsinger	212 Overlook Drive	Winter Haven, FL 33884
S/T	Cheryl A. Culpepper	885 Meadowlark Court	Winter Haven, FL 33884
M/D	David Fultz	2133 Edgewater Circle, S	Winter Haven, FL 33880

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 under section 119.07(3)(i), 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:

Cheryl A. Culpepper

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/16/01

Daytime Phone #