

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 MAY 16 AM 8:27

DOCUMENT # **N26522**

1. Corporation Name
**Janie Howard Wilson Elementary
School - Parent-Teacher Organization, Inc.**

200004342262--3
-06/05/01--01087--012
****358.75 ****358.75

2. Principal Office Address
**306 Florida Avenue
La**

3. Mailing Office Address
Janie Howard Wilson Elem

Suite, Apt. #, etc.
306 Florida Avenue

Suite, Apt. #, etc.
306 Florida Avenue

City & State
Lake Wales FL

City & State
Lake Wales FL

Zip Country
33853 US

Zip Country
33853 US

4. Date Incorporated or Qualified To Do Business in Florida
4-02-01

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
Josephine M. Howard, Ed. S., Principal **297.50 Adm**

Street Address (P.O. Box Number is Not Acceptable)
306 Florida Avenue **61.25 AR**

Suite, Apt. #, Etc.
358.75

City
Lake Wales

State
FL

Zip Code
33853

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
Josephine M. Howard
REGISTERED AGENT MUST SIGN

Date
May 8, 2001

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
PD	Rachel Baynard	2717-Nursery Road	Lake Wales FL 33853
V			
TD	Rhonda Waples	2406 Old Bartow Road	Lake Wales FL 33853
SD	Susan Ford	324 Montego Ct. SE	Winter Haven FL 33884
			5/31

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
Rhonda Waples

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date
4-02-01

Daytime Phone #
(863) 676-4313