

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION
FOR
REINSTATEMENT



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

FILED

00 JUN 23 AM 9:18

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # N27611

1. Corporation Name

ESTERO HIGH SCHOOL MUSIC BOOSTERS, INC.

Principal Place of Business

C/O FRED BODE
21900 RIVER RANCH RD
ESTERO FL 33928-3298
US

Mailing Address

C/O FRED BODE
21900 RIVER RANCH RD
ESTERO FL 33928-3298
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

4. Date Incorporated or Qualified
To Do Business in Florida

07/27/1988

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0239163

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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	4 City / State / Zip
D	KEAST, MARIE	21900 RIVER RANCH RD	ESTERO FL
P	BAKER, MARY MICHAEL K. SHRIDER	21900 RIVER RANCH RD.	ESTERO FL
VPD	FRITCHA, SUSAN MARILYN HOENIE	21900 RIVER RANCH RD	ESTERO FL
S	MOUNT, CAROL JOAN RIGGENBACH	21900 RIVER RANCH RD.	ESTERO FL
ATD	BAILEY, NICK DEBBIE GRESS	21900 RIVER RANCH RD.	ESTERO FL
			300003312563--1 -07/05/00--01021--007 ****183.75 ****183.75

8. Name and Address of Current Registered Agent

BODE, FRED
ESTERO HIGH SCHOOL
21900 RIVER RANCH ROAD
ESTERO FL 33928

9. Name and Address of New Registered Agent

Name
300003312563--1
Street Address (P.O. Box Number is Not Allowed)
07/05/00--01021--008
****61.25 ****61.25
Suite, Apt. #, Etc.
300003312563--1
City
07/05/00--01021--009
****61.25 FL ****61.25

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

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

5/9/00

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., 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.

KE

SIGNATURE: MICHAEL K. SHRIDER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/9/00 941-267-8540
Date Daytime Phone #