

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N27611

1. Corporation Name

ESTERO HIGH SCHOOL MUSIC BOOSTERS, INC.

02 DEC 23 PM 4:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT 2002

4. Date Incorporated or Qualified
To Do Business in Florida

07/27/1988

5. FEI Number

65-0239163

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
VP	REEP, SANDRA Roggemann, Ed	21900 RIVER RANCH RD	ESTERO FL 33928
P	SHRIDER, MICHAEL K Benson, Roger	21900 RIVER RANCH RD.	ESTERO FL
VD	MILDE, ED	21900 RIVER RANCH RD	ESTERO FL 33928
S	RIGGENBACH, JOAN Tvedt, Barbara A.	21900 RIVER RANCH RD.	ESTERO FL
TD	GROSS, DEBBIE Muller, Matthew T.	21900 RIVER RANCH RD.	ESTERO FL
D	BODE, FRED Bode, Fred	21900 RIVER RANCH RD	ESTERO FL 33928

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

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

300008565563
11/13/02--01055--015 **236 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. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date 12/10/02

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)(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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11-7-02 239939-2233