PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

APPROVED AND FILED
96 NOV 12 PM 12:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N37991

1. Corporation Name

MAXIMO ELEMENTARY PTA, INC.

Principal Place of Business	Mailing Address
% MAXIMO ELEMENTARY SCHOOL 4850 31ST ST S ST. PETERSBURG FL 33712	% MAXIMO ELEMENTARY SCHOOL 4850 31ST ST S ST. PETERSBURG FL 33712

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

REINSTATEMENT 9600

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

4. Date Incorporated or Qualified To Do Business in Florida: 05/04/1990

5. FEI Number: 59-1977737 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

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	ANDERSON, STEPHENSON	864 THIRD AVE S	TIERRA VERAE FL
~~VPD~~	~~HENSCHEN, JOE~~	~~1934 CAESAR WAY S~~	~~ST PETERSBURG FL~~
~~SD~~	~~NEVILLE, SUSAN~~	~~725 MONTE CRISTO BLVD~~	~~TIERRA VERDE FL~~
TD	HENSCHEN, KAREN	1934 CAESAR WAY S	ST PETERSBURG FL
PD	Neville Susan	2160 Fairway Ave So	St. Petersburg Fl
VPD	Dawn Vogel	5200 38 way So	St. Petersburg Fl

8. Name and Address of Current Registered Agent

LAMB, PAULA T.
4850 31ST ST S
ST. PETERSBURG FL 33712

9. Name and Address of New Registered Agent

Name: Siebert, Karen
Street Address (P.O. Box Number is Not Acceptable): 4850 31st St S
Suite, Apt. #, Etc.: St Petersburg
City: State: FL Zip Code: 33712

800020008707--1
-11/19/96--01157--012
*****236.25 *****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.

Signature of Registered Agent: SIGNATURE REQUIRED — REGISTERED AGENT MUST SIGN
Date: 9/20/96

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. 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)(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: SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date: 9/20/96 Daytime Phone #: 864-4717

CR2E040 (7/96)