

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT  
 DEPARTMENT OF STATE  
 Katherine Harris  
 Secretary of State  
 DIVISION OF CORPORATIONS

FILED

99 DEC 27 PM 4:14

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # N39608

1. Corporation Name

THE LEESBURG HIGH SCHOOL BAND PARENTS, INC.

Principal Place of Business

1401 WEST MEADOWS DRIVE  
 LEESBURG FL 34748-5643

Mailing Address

P.O. BOX 492502  
 1401 WEST MEADOWS DRIVE  
 LEESBURG FL 34748-5643



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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

08/09/1990

5. FEI Number

59-3026622

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	BURLESON, CYNTHIA L Jacquelyn E. Johnson	225 BENTBOUGH DR PO BOX 929	LEESBURG FL Lady Lake, FL 3215
VPD	JOHNSON, JACKIE Melody Gerger (D)	110 CAROLINE DR	LADY LAKE FL
TD	SMITH, LINDA Darlene Welker (D)	41120 GR 25 4315 Serene Circle	WEIRSDALE FL Fruitland Park, FL 34731
TD	BAME, CONNIE (D)	505 W CATAWBA ST	FRUITLAND PARK FL 34731
S	WELKER, DARLENE Paula Brown	4315 SERENE CIRCLE 5 Lonesome Pine Trail	FRUITLAND PARK FL 34731 Yalaha, FL 34797 LS

8. Name and Address of Current Registered Agent

REAL, JOHN  
 1401 WEST MEADOWS DRIVE  
 LEESBURG FL 34748

9. Name and Address of New Registered Agent

NAME  
 Jacquelyn E. Johnson  
 Street Address (P.O. Box Number is Not Acceptable)  
 1401 West Meadows Drive  
 Suite, Apt. #, Etc.  
 City  
 Leesburg  
 State  
 FL  
 Zip Code  
 34748

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  
 Jacquelyn E. Johnson

Date 12-19-99

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.

SIGNATURE:

SIGNATURE REQUIRED  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
 Jacquelyn E. Johnson (P)

12-19-99 352-75  
 Date Daytime Phone  
 0725

2

December 17, 1999

To Whom It may Concern:

We are in receipt of the " Notice of Administrative Dissolution or Revocation" from your department.

I called your office and talked to Stacy who explained that we should have received a rejection letter in June explaining that we failed to designate the proper number of Directors.

We never received said letter, but please be assured this error was not done purposely.

You are already in receipt of our check for \$61.25 and we respectfully request that you waive the additional fee on our behalf.

Please find enclosed the corrected form for your records.

Sincerely,



Jacquelyn Johnson  
President  
LHS Band Parents