

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

97 MAY -5 AM 9:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N46396**

1. Corporation Name

SEA BREEZE ELEMENTARY SCHOOL PARENT-TEACHER ORGANIZATION, INC.

Principal Place of Business

3601 71ST STREET WEST
BRADENTON FL 34209

Mailing Address

3601 71ST STREET WEST
BRADENTON FL 34209

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 96-97

4. Date Incorporated or Qualified
To Do Business in Florida

12/05/1991

5. FEI Number

65-0288617

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 (Do NOT Use Post Office Box Numbers)	City / State / Zip
PD	HERNDEN, CAROL Herkert, Jim	0020 HERITAGE LANE 6709 34th Ave W	BRADENTON FL 34209
VPO VD	HERKERT, JIM Cook, Kathy	0709 04TH AVENUE W 3505 69th St W	BRADENTON FL 34209
S SD	WHEELER, KIM Hernden, Carol	2008 51ST AVE, TERR W 6620 Heritage Lane	BRADENTON FL 34209
TD	ORRIG, KATHY McCaw, Joan	0000 HERITAGE LANE 3502 69th St W	BRADENTON FL 34209
			800002176698--7 -05/13/97--01071--001 ****297.50 ****297.50 JB6-9-97

8. Name and Address of Current Registered Agent

SICARD, MICHAEL
3601 71ST STREET WEST
BRADENTON FL 34209

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

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

Michael Sicard
REGISTERED AGENT MUST SIGN

Date

4/15/97

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)(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:

Joan McCaw - Joan McCaw TD
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/97
Date

941-792-5379
Daytime Phone #

CR2040 (7/96)