

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 DEC 29 PM 4:06

DOCUMENT # N51353

1. Corporation Name

DISTRICT THIRTEEN, INC.

Principal Place of Business

Mailing Address

3320 LOVELAND BLVD
PORT CHARLOTTE FL 33980
US

3320 LOVELAND BLVD
PORT CHARLOTTE FL 33980
US



REINSTATEMENT

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

10/19/1992

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0370029

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
P	BISHOP-WILSON, LINDA	4301 SIBLEY BAY ST	PORT CHARLOTTE FL 33980
ST	PIZZARRO, LINDA	3320 LOVELAND BLVD	PORT CHARLOTTE FL 33980
D	WHITE, NORM	2369 RISKEN TER	PORT CHARLOTTE FL 33981
D	MACMILLIAN, JUDY	3265-D TAMiami TR	PORT CHARLOTTE FL 33948
D	GONSALVES, JEANNIE	4410-A TAMiami TR	PORT CHARLOTTE FL 33980
D	GRANT, JR R	3014 MANATEE AVE W	BRADENTON FL 34205

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

BISHOP, LINDA
4301 SIBLEY BAY ST
PORT CHARLOTTE FL 33980

Name

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

Suite, Apt. #, Etc.

500003532705--0

City

01/11/01 State 01245-022
****238.FL ****238.25

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

REGISTERED AGENT MUST SIGN

Date

11-28-00

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.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Judy MacWilliams

Date

Daytime Phone #

11-28-00 AD

CR2040 (800)