

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

01 JUL 11 PM 12:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N93000004902

1. Corporation Name

SEBRING BAND PARENT'S ASSOCIATION, INC.

Principal Place of Business

Mailing Address

SEBRING HIGH SCHOOL
3514 KENILWORTH BLVD
SEBRING FL 33870
US

P O BOX 3513
SEBRING FL 33871
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

4. Date Incorporated or Qualified
To Do Business in Florida

10/25/1993

5. FEI Number

65-0461519

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	4
T	HINSKEY, LEE ANN Cindy McGee	5509 GRANADA BLVD 916 LK Sebring Blvd	SEBRING FL 33872 33870
P	AVIS, ALAN W Maurice McGee	4141 US 27 N SUITE 5 916 LK Sebring Blvd	SEBRING FL 33872 33870
S	BLONDIN, DENISE Paula Ritenour	4710 EVANGELINE AVENUE 2415 VAN PELT RD	SEBRING FL 33870 236.25 Adm
VP	WELLS, RONALD	4609 BREAM AVENUE	SEBRING FL 33870 61.25 AR 8.75-667
VP	RADELFORD, LANE Dana Ritenour	4500 COLMAR AVE 2415 VAN PELT RD	SEBRING FL 33870
D	PARKER, KATHLEEN M Pam Wells	313 COMET TERR 4609 Bream Ave.	SEBRING FL 33872 33870

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MCCOLLUM, JAMES F
129 S. COMMERCE AVE.
SEBRING FL 33870

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

REGISTERED AGENT MUST SIGN

Date

6/27/01

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

Date

Daytime Phone #

[Signature]
Cindy McGee

2/1/01

863-385-0104