

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

96 NOV -7 PM 3: 29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N 94000004274

1. Corporation Name Everglades Elementary School
Endeavor Center Booster Club

Principal Place of Business

Mailing Address

8375 SW 16st. P.O. Box 144555
Miami, FL 33155 Coral Gables, FL 33134

100002002131--6

-11/13/96--01020--030

***245.00 ***245.00

REINSTATEMENT

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

DO NOT WRITE IN THIS SPACE

2. New Principal Office Address, If Applicable

3. New Mailing Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

8/31/94

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0547801

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)

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
1	2	3	4
Pres.	Cheryl Corbazzoli D	3500 SW 105th Ct	Miami FL 33165
1st VP	Jose Gavarrette D	6321 SW 91st Ave	Miami, FL 33173
2nd VP	Donna Duelfer D	6840 SW 64th Ct	Miami, FL 33143
Treas.	Lou E. Rodriguez D	8331 SW 14th Ct	Miami, FL 33144
Recording Sec.	Maria Soto	15025 SW 53rd Terr	Miami, FL 33185
Corr. Sec.	Virginia Espinosa	7970 SW 15th St	Miami, FL 33144

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Maria A. Guitian, Esq. P.O. Box
8321 S.W. 14 St.
Miami, FL 33144
CORAL GABLES, FL 33134

Name Maria A. Guitian, Esq.
Street Address (P.O. Box Number is Not Acceptable)
8321 S.W. 14 St
Suite, Apt. #, Etc.
Miami, FL 33144
City State Zip Code
FL

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

Maria A. Guitian

REGISTERED AGENT MUST SIGN

Date 10-17-96

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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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

Lou E. Rodriguez

10/21/96

Date

305-262-3552

Daytime Phone #