

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 DEC 30 AM 8:38  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT # N94000004414

1 Corporation Name

NORTHEAST HIGH SCHOOL BAND BOOSTERS' CLUB, INC.

Principal Place of Business

Mailing Address

700 NE 56 ST  
OAKLAND PARK FL 33334

700 NE 56 ST  
OAKLAND PARK FL 33334

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

09/06/1994

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

☒ Applied For

City & State

City & State

APPLIED FOR

☐ Not Applicable

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PD	LICHTENBERG, MARK	660 NE 39 ST	OAKLAND PARK FL 33334
VPD	MANN, SHERRY	2801 N COURSE DR J201	POMPANO BEACH FL 33069
TD	SHROY, JOHANNA	1460 NE 57 CT	FT. LAUDERDALE FL 33334
B	MILLER, GALE	872 NE 34 CT	OAKLAND PARK FL 33334
200002051852--6 -01/09/97--01014--013 ****236.25 ****236.25			

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

DRAGO, DARCIA  
700 NE 56 ST  
OAKLAND PARK FL 33334

Name MARK LICHTENBERG

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

660 NE 39 ST

Suite, Apt. #, Etc.

City

OAKLAND PARK

State

FL

Zip Code

33334

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

*Mark Lichtenberg*

REGISTERED AGENT MUST SIGN

Date 12/6/96

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:

*Sherry A Mann*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/6/96

Date

(954) 975-4855 ext 1272

Daytime Phone #

CR2040 (12/95)