

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # N97000003346

1. Corporation Name

ST. ELIZABETH TECHNICAL HIGH SCHOOL ALUMNI ASSO
CIATION OF FLORIDA, INC.

Principal Place of Business

Mailing Address

P. O. BOX 451006
SUNRISE FL 33345

P. O. BOX 451006
SUNRISE FL 33345

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



3/8/00 90024025 \$61.25

4. Date Incorporated or Qualified
To Do Business in Florida

06/09/1997

5. FEI Number

65-0760395

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	City / State / Zip
1	2	3	4
PD	SUTHERLAND, EMERSON ERROL GORDON	17453 N.E. 3RD AVE. 5617 NW 21 st St.	N. MIAMI FL 33162 LAUDERHILL FL 33313
VPD	BUNCAN, SAM NIGEL THOMPSON	5770 NW 38 MANOR 3301 NW 47 th Ter	CORAL SPRINGS FL 33067 LAUDERDALE LAKES FL 33309
SD	MORRIS, JOYVILLE	5731 NW 15TH ST APT. #3	SUNRISE FL 33322 LAUDERDALE LAKES FL 33322
TD	DOUGLAS, ENZEL	96841 NW 25 CT.	SUNRISE FL 33322
PRO	BARRETT, MARTIN EVERTON THOMPSON	801 S. UNIVERSITY DR. STE 1360 194 NW 72 nd AVE	PLANTATION FL 33317
D	THOMPSON, MERNA	6725 LANDINGS DR, APT. 112	LAUDERHILL FL 33319

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

BANTON, MICHAEL
8835 N.W. 44TH CT.
CORAL SPRINGS FL 33065

Name

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

Suite, Apt. #, Etc.

City

400003500464-3

-12/13/00--01105--021

****175.00 ****175.00

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

[Signature]
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

11/21/2000

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

KE