

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # N97000005128

1. Corporation Name

DONNA KLEIN JEWISH ACADEMY PARENT TEACHER ORGANIZATION, INC.

Principal Place of Business

9701 DONNA KLEIN BLVD.
BOCA RATON FL 33428

Mailing Address

9701 DONNA KLEIN BLVD.
BOCA RATON FL 33428

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified To Do Business In Florida

09/10/1997

5. FEI Number

65-0779586

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	SAVARICK, JAN	9701 DONNA KLEIN BLVD.	BOCA RATON FL 33428
T	ROSS, ANGELA A	9701 DONNA KLEIN BLVD.	BOCA RATON FL 33428
TD	BAILIN, NANCY	9701 DONNA KLEIN BLVD.	BOCA RATON FL 33428
PD	TOBIN, RHODA	9701 Donna Klein Blvd.	Boca Raton FL 33428
PD	ZAFRAN, LESLEY	9701 Donna Klein Blvd	Boca Raton FL 33428

8. Name and Address of Current Registered Agent

BARITZ, NEIL S
1515 N. FEDERAL HWY., STE. 300
BOCA RATON FL 33432

9. Name and Address of New Registered Agent

Name MARK N. SHAFFER, CPA
Street Address (P.O. Box Number is Not Acceptable) 19867 DINNER KEY DRIVE
Suite, Apt. #, Etc.
City Boca Raton State FL Zip Code 33498

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]
REGISTERED AGENT MUST SIGN

Date 10/12/99

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/12/99 954-341-7952
Date Daytime Phone #

FILED

99 OCT 12 AM 9:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



CR20040 (8/99)