

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2006 AUG 14 AM 10:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N97000005546

1. Corporation Name

Lake Forrest Preparatory Parent Teachers Association, Inc.

2. Principal Office Address

866 Lake Howell Rd

3. Mailing Office Address

same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Maitland, FL

City & State

Zip

32751

Country

USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

9/29/1997

5. FEI Number

59-3425237

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

CR2E081 (12/05)

7. Name and Address of Current Registered Agent

Name
Donna Van Allen

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

Suite, Apt. #, Etc.

City
Winter Springs

State

FL

Zip Code

32708

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Donna Van Allen
REGISTERED AGENT MUST SIGN

Date
8/8/2006

300078769043

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Pres	Kim Hammond	2397 Fieldingwood Rd	Maitland, FL 32751
VP	Larry Poliner	617 Arnern Dr	Altamonte Springd, FL 32701
Director	Tracy Johnson	570 E. George Ave	Maitland, FL 32751
Director	Lisa Sigman	2182 Park Maitland Ct	Maitland, FL 32751
Director	Stacey Bartos	700 Sandspur Rd	Maitland, FL 32751
Director	Donna Van Allen	410 Almeria Ct	Winter Springs, FL 32708

10. 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 contained in Chapter 119, 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:

Kim Hammond

8/8/2006

407 331-5144

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #