

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 198000006061

1. Corporation Name

PANTHER PARENTS THEATER BOOSTERS, INC

2. Principal Office Address - No P.O. Box #

7460 SW 118th ST.

Suite, Apt. #, etc.

City & State

MIAMI, FL

Zip

33156-4572

Country

USA

3. Mailing Office Address

10630 SW 80th CT

Suite, Apt. #, etc.

City & State

MIAMI, FL

Zip

33156

Country

USA

REINSTATEMENT

10-12

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

6/15/06

5. FEI Number

65-0872351

☐ Applied For

☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

STEVE LEWIS

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

10630 SW 80th CT

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33156

300222476853

02/20/12--01046--002 **245.00

300222476853

03/27/12--01024--004 **122.50

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

[Signature]

Date

4/26/12

REGISTERED AGENT MUST SIGN

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
P	GLORIA LEWIS	10630 SW 80 th CT	MIAMI, FL 33156
T	STEVE LEWIS	10630 SW 80 th CT	MIAMI, FL 33156
V	DONNA BENJAMIN	11501 SW 72 PLACE	MIAMI, FL 33156
S	NANCY DENARO	8961 SW 62 CT	MIAMI, FL 33156

REINSTATEMENT

S. HAWKES

2010 to 2012

358.75

MAY - 2012

10. E-mail Address: ESILVERIO@DADESCHOOLS.NET

(To be used for future annual report notification)

EXAMINED

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

STEVE LEWIS, TREASURER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/26/12

Daytime Phone #

305-431-2924