

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

DOCUMENT # N98000006621

1. Corporation Name

CHESTERBROOK ACADEMY PTO CORP.

Principal Place of Business

Mailing Address

7025 NW 4TH ST-  
PLANTATION FL 33317

7025 NW 4TH ST-  
PLANTATION FL 33317

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

2. New Principal Office

14900 NW 20 ST  
Suite, Apt. #, etc.

3. New Mailing Office

14900 NW 20 ST  
Suite, Apt. #, etc.

City & State

Pembroke Pines, FL  
33028

City & State

Pembroke Pines, FL  
33028

4. Date Incorporated or Qualified  
To Do Business in Florida

11/17/1998

5. FEI Number

65-0878518

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
D	Barbara Linhart	14900 NW 20 ST.	Pembroke Pines, FL 33028
D	Tracy Linhart	14900 NW 20 ST.	Pembroke Pines, FL 33028
D	Dawn Butler	14900 NW 20 ST.	Pembroke Pines, FL 33028

8. Name and Address of Current Registered Agent

PAYNE, SHERRA  
4002 BUCHANAN ST  
HOLLYWOOD FL 33021

9. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
Suite, Apt. #, Etc.  
City 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 Sherra Payne  
REGISTERED AGENT MUST SIGN

Date 10-26-99

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.

Barbara Linhart

SIGNATURE:

Barbara Linhart  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-26-99 954-431-4224  
Date Daytime Phone #

CR20040 (8/99)