

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # **N98000007304**

1. Corporation Name

**PARENT TEACHER ORGANIZATION FOR THE BREVARD JEW
ISH COMMUNITY SCHOOL, INC.**

Principal Place of Business

5995 N WICKHAM ROAD
MELBOURNE FL 32940

Mailing Address

5995 N WICKHAM ROAD
MELBOURNE FL 32940

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

4. Date Incorporated or Qualified
To Do Business in Florida

12/28/1998

SP

5. FEI Number

NOT APPLICABLE

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	HARRISON, JULIE ZIMM, NINA	465 LANTERNBACK DR 2085 S. TROPICAL TRAIL	SATELLITE BEACH FL 32937 - 32952 MERRITT ISLAND FL
SD	STEMBER, ROBIN	152 ISLAND VIEW DR	INDIAN HARBOUR BEACH FL 32937
TD	DAMSKY, WENDY CLIFTON, JULIE	890 LOGGESHEAD DR P.O. BOX 410377	SATELLITE BEACH FL 32937 - Melbourne, FL 32941-0377
VD	JACOBY, DEBRA 1060 STRATFORD	1060 STRATFORD PL	MELBOURNE FL 32940
			100003582841--6
			-01/26/01--01156--026 *****61.25 *****61.25

8. Name and Address of Current Registered Agent

JACOBY, DAVID H
1581 ROBERT J. CONALN BLVD NE
SUITE 100
PALM BAY FL 32905

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

100003582841--6
-01/26/01--01156--027
*****236.25 *****236.25

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 REQUIRED
REGISTERED AGENT MUST SIGN

Date

11/9/00

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

Date

Daytime Phone #

12/12/2000 757-0732

CR2E040 (800)