

APPLICATION  
FOR  
REINSTATEMENT



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

FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N99000001164

1. Corporation Name

PARENTS OF LIGHTNING DEBATERS, INC.

Principal Place of Business

Mailing Address

2461 NE 200TH STREET  
NORTH MIAMI BEACH FL 33180

2461 NE 200TH STREET  
NORTH MIAMI BEACH FL 33180



REINSTATEMENT 2000

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

2. New Principal Office Address, If Applicable

2041 NE 207 ST  
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

2041 NE 207 ST  
Suite, Apt. #, etc.

4. Date Incorporated or Qualified  
To Do Business in Florida

02/23/1999

5. FEI Number

65-0949492

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

City & State

NORTH MIAMI BEACH FL

City & State

NORTH MIAMI BEACH FL

Zip

Country

33179 USA

Zip

Country

33179 USA

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/P	<del>SIEGHELTZ, BONIA</del> Nissan Shukrie	C/O 2461 NE 200TH STREET 2041 NE 207 ST	NORTH MIAMI BEACH FL 33180 33179
D/VP	PLOTKIN, ADRIAN LYNN GARFINKLE	C/O 2461 NE 200TH STREET 2041 NE 207 ST	NORTH MIAMI BEACH FL 33180 33179
D/S	ROSS, SCOTT JUDY ROSENBLUM	C/O 2461 NE 200TH STREET 2041 NE 207 ST	NORTH MIAMI BEACH FL 33180 33179
D/T	SUSAN R. HANTMAN	2041 NE 207 ST	NORTH MIAMI BEACH FL 33179
			000003509330--1 -12/20/00--01086--001 ***236.25 ***236.25

8. Name and Address of Current Registered Agent

ROSS, SCOTT  
2461 NE 200TH STREET  
NORTH MIAMI BEACH FL 33180

9. Name and Address of New Registered Agent

Name  
SUSAN R. HANTMAN  
Street Address (P.O. Box Number is Not Acceptable)  
2041 NE 207 ST  
Suite, Apt. #, Etc.  
City  
NORTH MIAMI BEACH  
State  
FL  
Zip Code  
33179

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 11/24/00

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 11/24/00

305-673-3335  
Daytime Phone #