

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2012 MAR 30 AM 8:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

600226804606
03/30/12--01025--005 ***490.00

CR2E081 (11/10)

DOCUMENT # N99000004109

1. Corporation Name

Coral Springs Charter School PTSO, Inc.

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

3205 N University Drive

Suite, Apt. #, etc.

City & State

Coral Springs FL

Zip

33065

Country

USA

3. Mailing Office Address

3205 N University Drive

Suite, Apt. #, etc.

City & State

Coral Springs FL

Zip

33065

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

7/7/1999

5. FEI Number

650932358

☐ Applied For

☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ \$8.75

7. Name and Address of Current Registered Agent

Name

Michele Billisi

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

3205 N University Drive

Suite, Apt. #, Etc.

City

Coral Springs

State

FL

Zip Code

33065

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

Michele Billisi
REGISTERED AGENT MUST SIGN

Date

3/26/12

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
President	Michele Billisi	3205 N University Drive	Coral Springs, FL 33065
Vice Pres.	Gina Careccia	3205 N University Drive	Coral Springs, FL 33065
Treasurer	Lisa Russello	3205 N University Drive	Coral Springs, FL 33065
Secretary	Jen Haq	3205 N University Drive	Coral Springs, FL 33065

10. E-mail Address: PTSO @ coral Springs charter. org

(To be used for future annual report notification)

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/26/12

Date

Daytime Phone #