

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 13 PM 2:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S10827**

1. Corporation Name

TRUMPET COACH, INC.

Principal Place of Business

Mailing Address

1021 FOWLER DR
CHIPLEY FL 32428

P.O. BOX 858
CHIPLEY FL 32428

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

11/05/1990

5. FEI Number

59-3036639

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
VP	RUSS, DEBORAH A.	1021 FOWLER ROAD	CHIPLEY FL 32428
P	CHRISTINE NAPIER	1021 FOWLER ROAD	CHIPLEY FL 32428

900023764909
10/13/03--01083--025 **150.00

8. Name and Address of Current Registered Agent

RUSS, DEBRARAH A
972 FALLING WATERS ROAD
CHIPLEY FL 32428

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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. or 617.0505, F.S.

Signature of
Registered Agent

Deborah A. Russ
REGISTERED AGENT MUST SIGN

Date

10-8-03

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:

Deborah A. Russ
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10-8-03 850638-5571

CR2E040 (7/03)

Trumpet Coach, Inc.

P.O. Box 858, Chipley, FL 32428
ph 800-624-2042 fax 850-638-2767

October 9, 2003

Division of Corporations
Annual Report / Reinstatement Section
PO Box 6327
Tallahassee, FL 32314-6327

RE: FEI# 59-3036639 Trumpet Coach, Inc.

We have not received any notices prior to this reinstatement form. We have enclosed a check for \$150 for reinstatement along with the application.

Thanks



Debbie Russ