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|---|----------------------------------|-------------------|--------------------------|---|----------------------------|---|--|----------------------------------|---------|--------------------------------|--|
| APPLICATION FOR REINSTATEMENT PLEASE READ ALL INSTRUCTIONS BEFORI FLORIDA DEPARTMENT OF STA Sandra B, Mortham Secretary of State DIVISION OF CORPORATIONS | | | | | | NT OF STATE tham tate | | | | | |
| DOCUMENT # 758437 | | | | | | | 98 MAY 11 PM 4: 07 | | | | |
| 1. Cerporation Name FLORIDA ASSOCIATION OF PARTNERS IN EDUCATION, INC. | | | | | | OF OPETARY DE STATE | | | | | |
| | | | | | | | TALLAHASSEE. FLORIDA | | | | |
| 10715 Clydesdale Drive 30 Jacksonville, FL 32257 J.E | | | | g Address East Texar Drive . Hall Center sacola, FL 32503 | | | | i swei i 21 | | n al- | |
| | | | | ng Office Address, If Applicable | | | 4. Date Incorporated or Qualified To Do Business in Florida 05/20/81 | | | | |
| | | | | e, Apt. #, etc. 8 State . | | | 5. FEI Number 59-2141327 Applied For | | | | |
| Zip Country | | | Z ₁ p Country | | | 7 | 6. S8.75 Additional Fee required for a Certificate of Status | | | | |
| 7. Names a | dresses of Each Officer and/o | or Director (Flor | rida nonprofit c | orpora | tions must list at lea | st 3 director | | | | | |
| Title(s) | | | | Street Address of Each Officer and/or Director 3 (Do NOT Use Post Office Box Number | | | - | 05/14/9 4 ****306 | | /3002 *** 297.50 | |
| Pres./ Directo | Pres./ Jayne Owens-Thompson | | | | 10715 Clydesdale Drive | | | Jacksonvi | lle, FL | 30 6.25 32257 | |
| Pres. Elect | es. Margaret Anna Gates | | | 1915 South Floral Avenue | | | Bartow, FL 33830 | | | | |
| Treas./ | 1 6 | | | 30 East Texar Drive | | | | Pensacola, FL 32503 | | | |
| S. Secreta | Shelley Parpard | | | 3312 Forest Hill Blvd., | | | vd., #A-3 | #A-334 West Palm Beach, FL 33406 | | | |
| Immedia Past | Immediate Past Betsy McCauley | | | | 3955 West Pensacola Street | | | Tallahassee, FL 32304 | | | |
| Preside | sident/Director | | | | | | | | | | |
| 8. Name and Address of Current Registered Agent | | | | | | | Name and Address of New Registered Agent | | | | |
| 1450 N.E. Second Avenue, Room 726-A Miami-Dade County, FL 33132 Suite, Apl. #, Etc. | | | | | | Sally Lee | | | | | |
| | | | | | | P.O. Box Number is Not Acceptable) exar Drive | | | | | |
| | | | | | | | | | | | |
| | | | | | City Pensacola | | | | | 2503 | |
| 10. I, being appointed the registered agent of the above pamed corporation, am familiar with and accept the obligations of Section 607.0505, F.S. Signature of Registered Agent Date 03/30/98 HEGISTERED AGENT MUST SIGN | | | | | | | | | | | |
| 11. This corporation owes of has paid the current year Intangible Personal Property tax due June 30. Yes No (See other side for information on intangible tax.) | | | | | | | | | | | |
| 12. 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. | | | | | | | | | | | |

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SIGNATURE: SIGNATURE AND TYPED OR PRINTER NAME OF SIGNING OFFICER OR DIRECTOR 03/30/98 (305) 995-1215 Daytime Phone #