

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
2008 DEC -4 AM 11:04

DOCUMENT # 769447

1. Corporation Name  
Sea Park Elementary School  
Parents Committee, Inc.

000138440970  
12/04/08--01033--012 \*\*420.00

10.5

2. Principal Office Address - No P.O. Box # 300 Sea Park Blvd Suite, Apt. #, etc.		3. Mailing Office Address 300 Sea Park Blvd Suite, Apt. #, etc.	
City & State Satellite Beach FL		City & State Satellite Beach, FL	
Zip 32937	Country USA	Zip 32937	Country USA

**REINSTATEMENT 05.08**

4. Date Incorporated or Qualified To Do Business In Florida	7/19/1983
5. FEI Number	592109641
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	
Applied For Not Applicable	

7. Name and Address of Current Registered Agent

Name: Ena Leiba

Street Address (P.O. Box Number is Not Acceptable): 300 Sea Park Blvd

Suite, Apt. #, Etc.:

City: Satellite Beach State: FL Zip Code: 32937

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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: Ena Leiba Date: 11/26/08  
REGISTERED AGENT MUST SIGN

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
PD	Blanche Soucheck-Langenbach	300 Sea Park Blvd	Satellite Beach FL 32937
VD	Barbara Joplin	300 Sea Park Blvd	Satellite Beach FL 32937
TD	Laura Richardson	300 Sea Park Blvd	Satellite Beach FL 32937

10. 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 contained in Chapter 119, 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: *Blanche Soucheck-Langenbach* Blanche Soucheck-Langenbach 11/25/08 (321) 773-3490  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #