

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
09 JAN 14 PM 2:47

DOCUMENT # NO1000005610

1. Corporation Name  
Connection Parent Association, Inc

2. Principal Office Address - No P.O. Box #  
25 N.E. 2nd St.

3. Mailing Office Address  
25 N.E. 2nd St.

Suite, Apt. #, etc.

City & State  
Miami, FL

City & State  
Miami, FL

Zip Country  
33132 USA

Zip Country  
33132 USA

CR2E081 (12/08)

4. Date Incorporated or Qualified To Do Business in Florida 08/09/2001

5. FEI Number 65115720  
 Applied For  
 Not Applicable

6. CERTIFICATE OF STATUS DESIRED  \$8.75 Additional Fee required for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name  
Alfonso Jugo

Street Address (P.O. Box Number is Not Acceptable)  
25 N.E. 2nd St.

Suite, Apt. #, Etc.

City State Zip Code  
Miami FL 33132

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 [Signature] Date 1/8/2009  
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
P	Mary Beth Klock Perez	22400 Kingman Rd.	Miami / FL / 33170
VP	Erla Acuna	5033 N.W. 7th St	Miami / FL / 33126
T	Alfonso Jugo	429 Sevilla Ave	Coral Gables / FL / 33134

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: [Signature] Alfonso Jugo  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_