PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
06 JAN 17 PM 3:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N02000009694

1. Corporation Name

The Florida Abstinence Education Association, Inc.

200065094732
02/02/06--01035--010 **61.25

2006 A.R.

CR2E081 (12/05)

2. Principal Office Address	3. Mailing Office Address
6850 Belfort Oak Place	6850 Belfort Oak Place
Suite, Apt. #, etc.	Suite, Apt. #, etc.
Jacksonville, Fl	Jacksonville, Fl
Zip 32216 Country	Zip 32216 Country

4. Date Incorporated or Qualified To Do Business in Florida: 12/02

5. FEI Number: 13-4232989 ☐ 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: A. Renee Pobjecky

Street Address (P.O. Box Number is Not Acceptable): 786 Avenue C.S.W.

Suite, Apt. #, Etc.:

City: Winter Haven State: FL Zip Code: 33880

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 _____ Date 1/9/06

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
President	Pam Mullarkey	6850 Belfort Oak Place	Jacksonville, FL 32216
Vice President	Linda Daniels	8001 66th St N	Pinellas Park, FL 33781
Secretary	Elena Garcia	P.O. Box 109650	Palm Beach Gardens, Fl 33410
Treasurer	Diane Brown	1771 N. Semoran Blvd.	Orlando, FL 32807

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: _____ 1/10/06 (727) 545-8292

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # ext 232