

# 2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED

08 DEC 30 PM 1:26

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



<b>DOCUMENT # N46323</b> 1. Entity Name <b>PARENTS INVOLVED IN EDUCATION, INC.</b>					
Principal Place of Business <b>GIFFORD YOUTH ACTIVITY CENTER 4855 43RD AVE. VERO BEACH, FL 32967 US</b>		Mailing Address <b>4635 39 AVENUE VERO BEACH, FL 32967 US</b>			
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc		3. Mailing Address <b>101 Harris Drive</b> Suite, Apt. #, etc			
City & State		City & State <b>Sebastian, FL</b>		4. FEI Number <b>59-3146886</b>	
Zip Country		Zip <b>32958</b>		Country <b>U.S.A.</b>	
6. Name and Address of Current Registered Agent <b>WILLIAMS, TERRY R 4635 39TH AVENUE VERO BEACH, FL 32967</b>				7. Name and Address of New Registered Agent Name <b>Millicent Pulliam</b> Street Address (P.O. Box Number is Not Acceptable) <b>101 Harris Drive</b> City <b>Sebastian</b>	
State <b>FL</b>		Zip Code <b>32958</b>			
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <small>Signature typed or printed name of registered agent and title if applicable</small>				DATE <b>12/30/08</b>	
<b>FILE NOW!!! FEE IS \$61.25 After January 1, 2009, Fee will be \$122.50</b>		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		Make check payable to <b>Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <b>WILLIAMS, TERRY R 4635 39TH AVENUE VERO BEACH, FL 32967</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <b>Millicent E. Henry-Pulliam 101 Harris Drive Sebastian, FL 32958</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V <b>HENRY-PULLIAM, MILLICENT E 101 HARRIS DRIVE SEBASTIAN, FL 32958</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V <b>Annie L. Powell 4606 30th Ave. Vero Beach, FL</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T <b>PERRY, HELEN 4615 43 AVENUE VERO BEACH, FL 32967</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	900139368609 12/30/08--01045--015 **\$1.25	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>POWELL, ANNIE L 4606 30TH AVE. VERO BEACH, FL</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	REINSTATEMENT 08 B 12/30/08	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S <b>SCOFIELD, VERONICA 4218 34 AVENUE VERO BEACH, FL 32967</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>PINKNEY, RACHEL 2820 41ST ST. VERO BEACH, FL</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			DATE <b>12/30/08</b>		DAYTIME PHONE # <b>(772) 918-8451</b>

Reinstatement due to non-receipt of letter