PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
00 OCT 16 AM 10:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 703535

1. Corporation Name

PALM BEACH COUNTY CLASSROOM TEACHERS' ASSOCIATION, INC.

Principal Place of Business	Mailing Address
ASSOCIATION INC 715 SPENCER DRIVE WEST PALM BEACH FL 33409	ASSOCIATION INC 715 SPENCER DRIVE WEST PALM BEACH FL 33409

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

REINSTATEMENT 2000

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc.	ATTN. Office Manager Suite, Apt. #, etc. Palm Beach County CTA
City & State	City & State 715 Spencer Drive, WPB, FL
Zip / Country	Zip 33409 / Country USA

4. Date Incorporated or Qualified To Do Business in Florida: 01/30/1962

5. FEI Number: 59-0979227 ☐ Applied For ☐ Not Applicable

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

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2		Street Address of Each Officer and/or Director 3	City / State / Zip 4
TD	KOPF, ED	Treasurer	3181 EMERSON AVENUE	LAKE WORTH FL 33461
VPD	KAY, KAREN	Vice President	350 NE 27 AVENUE	BOYNTON BEACH FL 33435
PD	VANA, SHELLEY	President	6038 BANIA WOOD CIRCLE	LANTANA FL 33462

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8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
~~LUDY, VAN V.~~ ~~8712 WINDY CIRCLE~~ ~~BOYNTON BEACH FL 33437~~	Name: Shelley Vana, President Street Address (P.O. Box Number is Not Acceptable): 715 Spencer Drive Suite, Apt. #, Etc.: City: West Palm Beach / State: FL / Zip Code: 33409

LS

CR2E040 (8/00)

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent: Shelley Vana SIGNATURE REQUIRED Date: 10-13-00
Shelley Vana, Pres.
REGISTERED AGENT MUST SIGN

11. 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.

SIGNATURE: Karen L. Kay SIGNATURE REQUIRED 10/13/00 561-681-0000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Karen Kay, Vice Pres.

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