

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 MAY 21 AM 7:55

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 729951

1. Corporation Name

CHAPTER # 280  
PARENTS WITHOUT PARTNERS

2. Principal Office Address

Suite, Apt. #, etc.

P.O. Box 5707

City & State

LAKE WORTH

Zip

33466

Country

PALM BEACH

3. Mailing Office Address

Suite, Apt. #, etc.

UNIT 206

City & State

R.P.B. FL

Zip

33411

Country

PALM BEACH

700019679457  
05/21/03--01047--015 \*\*245.00

4. Date Incorporated or Qualified  
To Do Business in Florida

3-15-86

5. FEI Number

23-7015010

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$875 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

EFFIE NAZARETH

Street Address (P.O. Box Number is Not Acceptable)

11150 OKEECHOBEE # C

Suite, Apt. #, Etc.

W.P.B.

City

W.P.B.

State

FL

Zip Code

33411

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

Effie Nazareth Pres.

Date 5-10-03

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	EFFIE NAZARETH	11150 OKEECHOBEE # C	W.P.B. FL 33411
VP	JIM McMULLIN	12006 POINCIANA DR # 206	R.P.B. FL 33411
T	MARGE HARTIG	11850 DUNLIN DR	WELLINGTON FL 33414
VPNL	KATHY LEVAS	15234 ALEXANDER RUN	JUPITER FL 33478
VPM	SANDY RIVERA	5302 HARWOOD LA	L.W. FL 33467
EEG	FRED SPECHT	2800 ASHLEY DR WAPT	W.P.B FL 33415

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-10-03 561-204-2898

Date

Daytime Phone #

CR2E081 (10/02)

# PARENTS WITHOUT PARTNERS, INC. ©

## CHAPTER #280

Post Office Box 5707

Lake Worth, FL 33466

April 21, 2002

Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

To Whom It May Concern:

I am the current president of Parents Without Partners, Inc., Chapter #280. It has been established that no corporation papers have been received from the Division of Corporations since the year 2000. Due to the fact that our Board of Directors hold one-year positions, prior presidents were unaware that corporation paperwork needed to be filed annually.

We are now filing for reinstatement for the past four years. Enclosed you will find a check for \$245 and a Corporation Reinstatement Application. Due to the fact that we received no correspondence beginning in the year 2000, we ask that the \$175 reinstatement fee be waived.

Thank you in advance.

Sincerely,



Effie Nazareth  
President, Chapter #280  
Parents Without Partners, Inc.

EN/kal  
Enc.

An international non-profit organization devoted to  
the welfare and interests of single parents and their children.