

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 NOV -5 PM 2:13

DOCUMENT # 732039

1. Corporation Name

PARENTS WITHOUT PARTNERS, FORT LAUDERDALE, CHAPTER NO. 157, INC.

Principal Place of Business

Mailing Address

5460 N. STATE RD. #7
FORT LAUDERDALE FL 33319
US

PO BOX 8801
FT LAUDERDALE FL 33310
US

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

2. New Principal Office Address, If Applicable

9633 Riverside Dr
Suite, Apt. #, etc. E-7

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

4. Date Incorporated or Qualified
To Do Business in Florida

03/04/1975

5. FEI Number

23-7011505

Applied For

Not Applicable

City & State
Coral Springs, FL

City & State

Zip 33071 Country USA

Zip Country

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
DT	WALLACE, BILL	8470 SW 156 CT #206	MIAMI FL 33183
DP	PETRUCCI, JAMIE	5780 ROCK ISLAND RD #342	TAMARAC FL 33319
DVP	GOLDSTEIN, LAWRENCE	2711 NW 92 AVE	CORAL SPRINGS FL 33065
DP	SIVERSEN, ELLEN	9633 Riverside Dr #E-7	Coral Springs, FL 33071
DVP	SCHULER, CHARLES	842 Banks Rd	Coconut Creek, FL 33063
DS	SWAILES, SUSAN	9905 Riverside Dr.	Coral Springs, FL 33071

8. Name and Address of Current Registered Agent

4000004698914-7
MINECHELLI, GAYE
11/29/01-01070-027
1222 CHIPPEWA ST
JUPITER FL 33458
****297.50 ****297.50

9. Name and Address of New Registered Agent

Name Ellen S. Siversen
Street Address (P.O. Box Number is Not Acceptable)
9633 Riverside Drive
Suite, Apt. #, Etc. E-7
City Coral Springs
State FL Zip Code 33071

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 Ellen Siversen
REGISTERED AGENT MUST SIGN

Date 11/1/01

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:

Ellen Siversen
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/1/01

Daytime Phone #

(954) 560-5025

CR2E040 (8/00)