

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

1096-10139

DOCUMENT # 735154

1 Corporation Name PARENTS WITHOUT PARTNERS INC

Post Office #186  
#186  
Post Office 13541  
St. Petersburg, FL 33733

Principal Place of Business Mailing Address

P.O. Box 13541  
St. Petersburg, FL  
33733

FILED

55 DEC 23 AM 10:37

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

REINSTATEMENT

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

DO NOT WRITE IN THIS SPACE

2. New Principal Office Address, If Applicable		3. New Mailing Address, If Applicable	
Suite, Apt. #, etc	City & State	Suite, Apt. #, etc	City & State
Zip	Country	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida	Applied For
3-8-1976	<input checked="" type="checkbox"/> Not Applicable
5. FEI Number	
N/A	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	

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 (Do NOT Use Post Office Box Numbers)	City / State / Zip
PRE VP	MARIE HUNT	2525-69 Ave. S	St. Petersburg FL 33712
MEMB.	LINDA OVEBY D	14799 - 55 WAY RD	CLEARWATER FL 34620 PI 33702
SEC.	DIANE BROOKS	200 - 72 AVE NO	St. Petersburg
DIR Social	Debra Wyatt D	7372 81st Inwood	Smillas Park, FL 34665
DIR PROD	Juni Lucas D	3645 39th ST, North	St. Petersburg FL 33714

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
	Name: MARIE HUNT
	Street Address (P.O. Box Number is Not Acceptable): 2525-69 Ave. S.
	Suite, Apt. #, Etc.
	City: St. Petersburg State: FL Zip Code: 33712

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: Marie Hunt REGISTERED AGENT MUST SIGN Date: 6-18-96

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes  No  (See other side for information on intangible tax.)

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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 817, 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 817.0401, F.S., and that all fees owed by the corporation have been paid. 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: Marie Hunt Date: 6-18-96 Daytime Phone #: 813-867-4495