

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Jim Smith**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # **737263**

1. Corporation Name  
**PALM CITY ELEMENTARY PARENT-TEACHER ASSOCIATION, INC.**

Principal Place of Business Mailing Address  
 1951 SW 34TH STREET 1951 SW 34TH STREET  
 PALM CITY FL 34990 PALM CITY FL 34990

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

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

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

FILED  
 02 NOV 20 PM 12:05  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA  
**REINSTATEMENT**  
  
 300008683953  
 10/30/02--01001--017 \*\*236.25

4. Date Incorporated or Qualified To Do Business in Florida **11/10/1976**

5. FEI Number **23-7628365** 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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
Director PD	<del>GASTO, JAKAY</del> <i>Jacobus, Gail</i>	<del>2111 SW DANFORM CIR</del> <i>2481 SW Estella Terrace</i>	PALM CITY FL 34990
Director 1VP	<del>SUHTMAN, STACEY</del> <i>Detruitt, Joanne</i>	<del>3274 SW SOLITARE PALM DR</del> <i>3070 SW Captiva Ct.</i>	PALM CITY FL 34990
2 VP	<del>KLAHNE, SUE</del> <i>DeMoya, Cindi</i>	<del>2962 SW PALM BROOK CRT</del> <i>6701 SW Thistle Terrace</i>	PALM CITY FL 34990
X 3VP	<del>KNOTT, JOHANNAH</del> <i>Izzolo, Kim</i>	<del>2059 SW BRIAROAK TR</del> <i>4037 SW Lakewood Drive</i>	PALM CITY FL 34990
RS	<del>LEHN, LERI</del> <i>Johnson, Linda</i>	<del>2236 SW WATERVIEW PL</del> <i>5235 SW Landing Crk. Dr.</i>	PALM CITY FL 34990
Director TD	<del>KLYM, PATTY</del> <i>Hiller-Laramie, Dagmar</i>	<del>1843 SW JASMINE TR</del> <i>4650 SW Hammock Crk. Dr.</i>	PALM CITY FL 34990

8. Name and Address of Current Registered Agent  
**MARIN, NANCY**  
 1951 SW 34TH STREET  
 PALM CITY FL 34990

9. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 Suite, Apt. #, Etc.  
 City State Zip Code  
**FL**

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. or 617.0505, F.S.

Signature of Registered Agent *Nancy Marin* REGISTERED AGENT MUST SIGN Date **10/22/02**

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: *Carl Jacobus, President* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date **10/22/02** Daytime Phone # **772-219-8033**

CR2E040 (8/02)