PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED
99 NOV 22 PM 2:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 744200

1. Corporation Name

J.D. PARKER ELEMENTARY PARENT-TEACHER ASSOCIATI ON, INC.

REINSTATEMENT 99

Principal Place of Business	Mailing Address
1050 E 10TH STREET STUART FL 34996-1174	1050 E 10TH STREET STUART FL 34996-1174

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

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

4. Date Incorporated or Qualified To Do Business in Florida: 09/07/1978

5. FEI Number: 23-7103300 — Applied For SP / Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ [illegible]

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
VD	~~REEDER, CATHY~~ Jamie Zabrauskas	~~1140 E. 12TH ST~~ 295 SE St. Lucie Blvd	STUART FL 34996
PD	~~DELATER, POLLY~~ Karin Sosa	~~4626 SE PILOT RD.~~ 705 Hibiscus Ave	STUART FL 34996
SD	GUTIERREZ, IXA	2978 SE FAIRWAY WEST	STUART FL
TD	~~STEWART, ELSIE~~ Jose Sosa	~~512 RIVERVIEW AVE~~ 705 Hibiscus Ave	STUART FL 34996
D	Polly Delater	4626 SE Pilot Ave	stuart, Fl. 34997

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
NEWMAN, GAIL 1050 E 10 TH ST STUART FL 34996	Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City — State FL — Zip Code

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****236.25 ****236.25

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: Gail Newman REQUIRED
REGISTERED AGENT MUST SIGN
Date 11·16·99

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: [signature] Jose Sosa REQUIRED — 11/19/99 — (561) 693-3385
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E040 (8/98)