

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
2008 DEC -4 AM 11:04

DOCUMENT # 769447

1. Corporation Name

Sea Park Elementary School
Parents Committee, Inc.

000138440970
12/04/08--01033--012 **420.00

10.5

2. Principal Office Address - No P.O. Box #

300 Sea Park Blvd

3. Mailing Office Address

300 Sea Park Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Satellite Beach FL

City & State

Satellite Beach, FL

Zip

32937

Country

USA

Zip

32937

Country

USA

REINSTATEMENT 05.08

4. Date Incorporated or Qualified To Do Business In Florida

7/19/1983

5. FEI Number

592109641

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

7. Name and Address of Current Registered Agent

Name Ena Leiba

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

300 Sea Park Blvd

Suite, Apt. #, Etc.

City Satellite Beach

State FL

Zip Code 32937

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

Ena Leiba

Date 11/26/08

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
PD	Blanche Soucheck-Langenbach	300 Sea Park Blvd	Satellite Beach FL 32937
VD	Barbara Joplin	300 Sea Park Blvd	Satellite Beach FL 32937
TD	Laura Richardson	300 Sea Park Blvd	Satellite Beach FL 32937

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 contained in Chapter 119, 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: Blanche Soucheck-Langenbach 11/25/08 (321) 773-3490

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #