


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>CORPORATION REINSTATEMENT</b>		 <b>FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS</b>	
<b>DOCUMENT # N01000005575</b>			
<b>1. Corporation Name</b>  Poinciana Elementary Math/Science/Technology Magnet School Parent Teacher Organization			
<b>2. Principal Office Address</b> 1203 N. Seacrest Blvd  Suite, Apt. #, etc.		<b>3. Mailing Office Address</b> 1203 N. Seacrest Blvd.  Suite, Apt. #, etc.	
<b>City &amp; State</b> Boynton Beach, FL		<b>City &amp; State</b> Boynton Beach, FL	
<b>Zip</b> 33435	<b>Country</b> USA	<b>Zip</b> 33435	<b>Country</b> USA

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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<b>4. Date Incorporated or Qualified To Do Business in Florida</b> 8/3/2001	
<b>5. FEI Number</b>	<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
<b>6. CERTIFICATE OF STATUS DESIRED</b> <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

<b>7. Name and Address of Current Registered Agent</b>		
Name Peter Slack		
Street Address (P.O. Box Number is Not Acceptable) 1203 N. Seacrest Blvd.		
Suite, Apt. #, Etc.		
City Boynton Beach	State FL	Zip Code 33435

<b>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.</b>			
Signature of Registered Agent 		Date 8/16/06	
REGISTERED AGENT MUST SIGN			
<b>9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)</b>			
<b>Titles</b>	<b>Name of Officers and/or Directors</b>	<b>Street Address of Each Officer and/or Director</b>	<b>City / State / Zip</b>
DP	Diane Rustan	2452 Southridge Rd.	Delray Bch, FL 33444
DV	Tammy Gallo	732 NE 10th Ave.	Boynton Bch, FL 33435
DT	Laura Palo	5401 Oakmont Village Circle	Lake Worth, FL 33463
DS	Jennifer Dietrick	925 Legrace Circle	Boynton Bch, FL 33426
DS	Annie Perez	5455 Pine Tree Drive	Delray Bch, FL 33484
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<b>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.</b>			
<b>SIGNATURE:</b> 		Diane Rustan President 8/15/06 561-415-4351	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #