

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

2009 JUL 21 A 9:54

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # NO2000000746

1. Corporation Name

Parents For Equal Education  
In Public Schools, INC.  
W09-30762

800157767948  
07/21/09--01027--001 \*\*\$1.25

800157767948  
06/25/09--01004--018 \*\*\$76.25

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

953 NW Leonardo Circle

3. Mailing Office Address

953 NW Leonardo Circle

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Port Saint Lucie, FL

City & State

Port Saint Lucie, FL

Zip

34986

Country

USA

Zip

34986

Country

USA

REINSTATEMENT 03-09

4. Date Incorporated or Qualified  
To Do Business in Florida

1-22-2002

5. FEI Number

Applied For

☒ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name Albertha Stephens

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

953 N.W. Leonardo Circle

Suite, Apt. #, Etc.

City

Port Saint Lucie

State

FL

Zip Code

34986

☒ 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.

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

Albertha Stephens

REGISTERED AGENT MUST SIGN

Date 6-7-09

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

| Titles | Name of<br>Officers and/or Directors | Street Address of Each<br>Officer and/or Director | City / State / Zip                |
|--------|--------------------------------------|---|-----------------------------------|
| Pres.  | <u>Albertha Stephens</u>             | <u>953 NW Leonardo Circle</u>                     | <u>Port Saint Lucie, FL 34986</u> |
| Sec.   | <u>Nethel Stephens</u>               | <u>510 NW 29th Avenue</u>                         | <u>Ft. Lauderdale, FL 33311</u>   |
| Tres.  | <u>KyShun T. Nicholas</u>            | <u>5538 Parade Place</u>                          | <u>Margate, FL 33063</u>          |
|        |                                      |   |                                   |
|        |                                      |   |                                   |
|        |                                      |   |                                   |

REINSTATEMENT

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:

Albertha Stephens  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

6-7-2009 (772) 345-0494

Daytime Phone #