

# 2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # N02000008318</b>						<b>FILED</b>  <b>05 MAY -2 PM 12: 54</b>  SECRETARY OF STATE TALLAHASSEE, FLORIDA	
<b>1. Entity Name</b> THE PARENTS' ASSOCIATION OF THE DAY SCHOOL AT CORAL SPRINGS, INC.							
<b>Principal Place of Business</b> 9001 WESTVIEW DRIVE CORAL SPRINGS, FL 33067				<b>Mailing Address</b> 9001 WESTVIEW DRIVE CORAL SPRINGS, FL 33067			
<b>2. Principal Place of Business</b>  Suite, Apt. #, etc.				<b>3. Mailing Address</b>  Suite, Apt. #, etc.			
<b>City &amp; State</b>				<b>City &amp; State</b>			
<b>Zip</b>		<b>Country</b>		<b>Zip</b>		<b>Country</b>	
<b>6. Name and Address of Current Registered Agent</b>  PAGLIARO, CATHY G 6625 NW 75TH PLACE PARKLAND, FL 33067				<b>7. Name and Address of New Registered Agent</b> Name <u>Allison Lang</u> Street Address (P.O. Box Number is Not Acceptable) <u>9001 Westview Drive</u> City <u>Coral Springs</u> <u>FL</u> Zip Code <u>33067</u>			
<b>8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.</b>  SIGNATURE <u>Allison Lang, President</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>							
<b>FILE NOW!!! FEE IS \$297.50</b>						Make check payable to Florida Department of State	
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>			
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	D PAGLIARO, CATHY G 6625 NW 75TH PLACE PARKLAND, FL 33067	<input checked="" type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	President Allison Lang 9001 Westview Drive Coral Springs, Florida 33067	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	D BERRY-VAUGHN, CANDACE 12370 ST. SIMON DRIVE BOCA RATON, FL 33428	<input checked="" type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	Stephanie Brooks 9001 Westview Drive Coral Springs, Fla. 33067	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	D CASTILLO, TRACEY G 12568 NW 74TH PLACE PARKLAND, FL 33076	<input checked="" type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	Julie Schrold 9001 Westview Drive Coral Springs, Fla. 33067	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	D BLADES, SUZANNE 4960 NW 119TH TERRACE CORAL SPRINGS, FL 33076	<input checked="" type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	Deborah Ehlers 9001 Westview Drive Coral Springs, Florida 33067	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	D DUBAY, DEBRA 6911 OCALA LANE PARKLAND, FL 33067	<input checked="" type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	Julie Peter 9001 Westview Drive Coral Springs, Florida 33067	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	D TABRIS, KEN 11911 ROYAL PALM BLVD. #101 CORAL SPRINGS, FL 33065	<input checked="" type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	Ron Saunders 9001 Westview Drive Coral Springs, Florida 33067	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.</b>						SIGNATURE: <u>Allison Lang</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	
						Date <u>4/21/05</u> <small>Daytime Phone #</small>	

REINSTATEMENT 04-05