APPROVED AND FILED 1 of 2

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION REINSTATEMENT**

**FLORIDA DEPARTMENT OF STATE**
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N02000009682

1. Corporation Name

HomeSchool PAC, Inc.

REINSTATEMENT 2003

| 2. Principal Office Address | 3. Mailing Office Address |
|---|---|
| 927 Arabian Ave | 927 Arabian Ave |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State: Winter Springs, FL | City & State: Winter Springs, FL |
| Zip: 32708 Country: USA | Zip: 32708 Country: USA |

4. Date Incorporated or Qualified To Do Business in Florida: Dec 16, 2002

5. FEI Number: 30-0143221 (Applied For / Not Applicable)

6. CERTIFICATE OF STATUS DESIRED ☐

7. Name and Address of Current Registered Agent

Name: Lynne-Marie O. White

Street Address (P.O. Box Number is Not Acceptable): 927 Arabian Ave

Suite, Apt. #, Etc.

City: Winter Springs State: FL Zip Code: 32708

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0505, F.S.

Signature of Registered Agent: Lynne-Marie O White Date: Sept 30'03
REGISTERED AGENT MUST SIGN

DOS2018 (10/02)

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 |
|---|---|---|---|
| Pres. | Lynne-Marie White | 927 Arabian Ave | Winter Springs, FL 32708 |
| CFO | Linda Murray | 927 Arabian Ave | Winter Springs, FL 32708 |
| Secty | Jody Johnson | 927 Arabian Ave | Winter Springs, FL 32708 |
| | | | |
| | | | |
| | | | |

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 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: Lynne-Marie O. White Sept 30 '03 407-484-2559
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

# Florida Department of State

Division of Corporations
Public Access System

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Account Number : I20000000195
Phone : (850)521-1000
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SXR

# CORPORATION REINSTATEMENT

## HOMESCHOOL PAC INC.

| | |
|---|---|
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