

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2007 NOV 30 PM 12:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # NO4000004594

1. Corporation Name

Saturday Science Parent
Teacher Organization, Inc.

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

3600 College Ave. 40 Academy PTO
Suite, Apt. #, etc.

3. Mailing Office Address

40 Academy PTO
Suite, Apt. #, etc.

City & State

Davie, FL

City & State

Davie, FL

Zip

33314

Country

USA

Zip

33314

Country

USA

REINSTATEMENT

CR2E081 (1/07)

06-07

4. Date Incorporated or Qualified
To Do Business in Florida

May 6, 2004

5. FEI Number

77-0632076

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

Jenean Way

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

3340 N.W. 17th Court

Suite, Apt. #, Etc.

City

Fort Lauderdale

State

FL

Zip Code

33311



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

Jenean P. Way

REGISTERED AGENT MUST SIGN

Date

11/25/07

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
P	Jenean Way	3340 N.W. 17th Court	Ft. Laud., FL 33311
V	Leslie Feliciano	140 S.W. 70th Way	Margate, FL 33068
S	Pauline Hansen	5240 N.W. 14th Place	Lauderhill, FL 33313
T	Sandra Ricks	2880 N.W. 18th Court	Ft. Laud., FL 33311
H	Linda Britt	7909 Venetian St.	Miramar, FL 33023

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jenean P. Way

Date

11/25/07

Daytime Phone #

954-484-0290

11/30/07