

# 2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N05000003056

**FILED**  
**Oct 12, 2007**  
**Secretary of State**

**Entity Name:** PARENTS AS STUDENTS SERVICES, INC.

**Current Principal Place of Business:**

8440 NW 15TH CT  
PEMBROKE PINES, FL 33024

**New Principal Place of Business:**

**Current Mailing Address:**

8440 NW 15TH CT  
PEMBROKE PINES, FL 33024

**New Mailing Address:**

4046 SW 69TH WAY  
MIRAMAR, FL 33023

**FEI Number:** 81-0667725      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

BYRD, KATHERIA  
1450 NW 181ST ST  
MIAMI, FL 33161 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: KATHERIA BYRD

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DP ( ) Delete  
Name: BYRD, KATHERIA  
Address: 1450 NW 181ST ST  
City-St-Zip: MIAMI, FL 33161

Title: DS ( ) Delete  
Name: HINSON, DEE DEE M  
Address: 8440 NW 15TH CT  
City-St-Zip: PEMBROKE PINES, FL 33024

Title: DT ( ) Delete  
Name: HINSON, CURTIS JR  
Address: 16822 NW 25TH AVE  
City-St-Zip: CAROL CITY, FL 33055

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KATHERIA BYRD

Electronic Signature of Signing Officer or Director

DP

10/12/2007

Date