## 2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

## FILED DOCUMENT # N05000009854 07 OCT 18 AM 8: 33 SAKKARA YOUTH INSTITUTE PARENT-TEACHER ORGANIZATION, INC. SECRETARY DE LA Principal Place of Business TALLAHASSEE, FLORIDA Mailing Address 1209 PAUL RUSSELL ROAD 1209 PAUL RUSSELL ROAD TALLAHASSEE, FL 32301 TALLAHASSEE, FL 32301 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 10172007 REIN-NP CR2E099 (1/07) City & State City & State 4. FEI Number Applied For 20-3521414 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name AMES-DENNARD, SHARON 1209 PAUL RUSSELL ROAD Street Address (P.O. Box Number is Not Acceptable) TALLAHASSEE, FL 32301 <del>300111244</del>: 10/24/07~~01003~~605 City Zip Code 8. The above named entity submits this statement to 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 SIGNATURE Stonature (NOTE: Registered Agent eignature required when reinstating) e of registered agent and e il applicable FILE NOW!!! FEE 10-\$81 In accordance with s. 607.193(2)(b), F.S., the Make check payable to After January 1, 2008, Fee will be \$122.50 corporation did not receive the prior notice. Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS TITLE Delete TITLE LINS, TERRE GOLDEN-THOMPSON, AMBER NAME NAME STREET ADDRESS 1209 PAUL RUSSELL ROAD STREET ADDRESS CITY-ST-ZIP TALLAHASSEE, FL 32301 CITY-ST-ZIP TITLE Celete TITLE Change Addition THOMPKINS, KENYA NAME NAME L Russell KD. STREET ADDRESS 1209 PAUL RUSSELL ROAD STREET ADDRESS TALLAHASSEE, FL 32301 CITY-ST-ZIP CITY - ST - 71P TITLE TITLE Delete Addition ROBERTSON, JERMAINE NAME NAME 1209 PAUL RUSSEL KD. STREET ADDRESS 1209 PAUL RUSSELL ROAD STREET ADDRESS C!TY-ST-ZIP TALLAHASSEE, FL 32301 CITY-ST-ZIP TITLE TITLE ☐ Addition SANDCROFT, CHRYSTALYN NAME BARBOURVILLE DO 1209 PAUL RUSSELL ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TALLAHASSEE, FL 32301 CITY-ST-7IP TITLE Delete TITLE SEE Addition Addition GRAHAM, KIAH NAME NAME puson Ro. STREET ADDRESS 1209 PAUL RUSSELL ROAD STREET ADDRESS CITY-ST-ZIP TALLAHASSEE, FL 32301 CITY-ST-ZIP TITLE Dete Shange ☐ Addition BAILEY, NATASHA NAME STREET ADDRESS 1209 PAUL RUSSELL ROAD STREET ADDRES CITY-ST-ZIP TALLAHASSEE, FL 32301 CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 enpowered. SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR