PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		DIVIS	ecretary SION OF COI	of State				FIL 07 SEP 28 HUNLIAKY	AH 10: 1 I	
DOCUMENT # N05000010829							TALLAHASSEE, FLORIDA			
J. D. Parker School of Science, Math, & Technology PTO, Inc.						09/28	DO110 1/070106	064186 8002 **1) 40.00	
Principal Office Address - No P.O. Box # 1010 East 10th Street			ffice Address			REINSTATEMENT, OG -67				
Suite, Apt. #, etc. Suite, Apt. #,			etc.			4. Date Incorp	orated or Qualified			
City & State City & State Stuart, FL						5. FEI Numbe	ness in Florida r		Applied For	
Zip Count			Count			6. CERTIFICATE	Not Applicable SOF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status			
7. Name and Address of Current Registered Agent						 		ici a certiii	cute of others	
Jamie R. Law						The re	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			
1010 East 10th Street										
Suite, Apt. #, Etc.										
Stuart	State 34983			fee be waived.						
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.050							on 607.0505 or 61	7.0503, F.S.		
Signature of Registered Agent REGISTERED AGENT MUST SIGN							Date 9-24-07			
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at le										
Titles Offic	Name of Officers and/or Directors		Street Address of Each Officer and/or Director				City / State / Zip			
President Jamie R	Jamie R. Law		1010	East	10th	Street	Stuart,	FL 34983	396	
vice President Michelle	Michelle Muniz () 10/3		1010	East	10th	Street	Stuart,	FL 3498	396	
Secretary Debra M	Debra Music Y			East	10th	Street	Stuart,	FL 3498	396	
Treasurer Angela F	Angela Rausch			East	10th	Street	Stuart,	FL 34983	396	
K-2 Representative Susan H	Susan Howe-Williams			East	10th	Street	Stuart,	FL 3498	396	
3-5 Representative Christine	- Christine Hancox			East	10th	Street	Stuart,	FL 3498	396	
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 filling 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 9-24-07 772-219-1580 Date Date Daytime Phone #										