

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

09 NOV 30 AM 9:21

DOCUMENT # N05000012894

1. Corporation Name

North Broward Academy of Excellence PTA, Inc.

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

8200 SW 17 Street

Suite, Apt. #, etc.

3. Mailing Office Address

8200 SW 17 Street

Suite, Apt. #, etc.

City & State

North Lauderdale, FL

City & State

North Lauderdale, FL

Zip

33068

Country

Zip

33068

Country

KS  
400163183844  
11/30/09--01047--002 \*\*122.50  
CR2E081 (11/09)  
**REINSTATEMENT** 08-09

4. Date Incorporated or Qualified  
To Do Business in Florida

12/27/2005

5. FEI Number

721609586

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

Lori Lawrence

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

8200 SW 17 Street

Suite, Apt. #, Etc.

City

North Lauderdale

State

FL

Zip Code

33068

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

REGISTERED AGENT MUST SIGN

Date 11/23/09

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	Smyrne Sarrazin	1454 Avon Lane, #25	North Lauderdale, FL 33068
VP	Joy Adkins	1011 West Jasmine Lane	North Lauderdale, FL 33068
Treas	Lori Lawrence	8150 SW 7 Street	North Lauderdale, FL 33068

10. E-mail Address: llawrence@northbrowardhcharter.org

(To be used for future annual report notification)

11. 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. I further certify, 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

Lori Lawrence

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/23/09

Date

954-718-2211

Daytime Phone #