

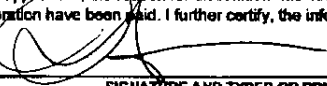


954 322 3900 ATN CARY

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		FILED 09 DEC 21 AM 9:30 SECRETARY OF STATE TALLAHASSEE, FLORIDA 000163827150 12/21/09--01045--006 **183.75 CR2E081 (11/09) 07-09																													
DOCUMENT # NO6000008411																																	
1. Corporation Name Pembroke Pines Charter Elementary Central Campus PTA, Inc.																																	
2. Principal Office Address - No P.O. Box # 12350 Sheridan St Suite, Apt. #, etc.			3. Mailing Office Address 12350 Sheridan St Suite, Apt. #, etc.																														
City & State Pembroke Pines, FL Zip 33026 Country USA			City & State Pembroke Pines, FL Zip 33026 Country USA																														
4. Date Incorporated or Qualified To Do Business in Florida 8/7/06			5. FEI Number N/A Applied For Not Applicable																														
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 additional fee required for Certificate of Status			7. Name and Address of Current Registered Agent Name Roseanne Prieto Street Address (P.O. Box Number is Not Acceptable) 14209 NW 23 ST Suite, Apt. #, Etc. City Pembroke Pines State FL Zip Code 33028																														
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  Date 11/30/09 <div style="text-align: center;">REGISTERED AGENT MUST SIGN</div>																																	
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Titles</th> <th>Name of Officers and/or Directors</th> <th>Street Address of Each Officer and/or Director</th> <th>City / State / Zip</th> </tr> </thead> <tbody> <tr> <td>P</td> <td>Joyce HERBERT</td> <td>12262 NW 12 CT</td> <td>Pembroke Pines, FL 33026</td> </tr> <tr> <td>T</td> <td>Roseanne Prieto</td> <td>14209 NW 23 ST</td> <td>Pembroke Pines, FL 33028</td> </tr> <tr> <td>D</td> <td>Kimberly Smith</td> <td>1811 NW 119 Terr</td> <td>Pembroke Pines, FL 33026</td> </tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>						Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip	P	Joyce HERBERT	12262 NW 12 CT	Pembroke Pines, FL 33026	T	Roseanne Prieto	14209 NW 23 ST	Pembroke Pines, FL 33028	D	Kimberly Smith	1811 NW 119 Terr	Pembroke Pines, FL 33026												
Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip																														
P	Joyce HERBERT	12262 NW 12 CT	Pembroke Pines, FL 33026																														
T	Roseanne Prieto	14209 NW 23 ST	Pembroke Pines, FL 33028																														
D	Kimberly Smith	1811 NW 119 Terr	Pembroke Pines, FL 33026																														
10. E-mail Address: rosieprieto@yahoo.com <small>(To be used for future annual report notification)</small>																																	
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:  Date 11/30/09 Daytime Phone # 954 224 4313																																	

12/22/09

183.75