

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

14 MAR 13 PM 3:16

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N07000000089

1. Corporation Name

PCA Parents Association, Inc.

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

303 Old Moody Blvd

Suite, Apt. #, etc.

3. Mailing Office Address

PO Box 351921

Suite, Apt. #, etc.

City & State

Palm Coast, FL

City & State

Palm Coast, FL

Zip

32164

Country

US

Zip

32135

Country

US

CR2E081 (11/10)

4. Date Incorporated or Qualified  
To Do Business in Florida

01/04/2007

5. FEI Number

300397407

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

Kenneth Rosa

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

72 Sloganeer Trail

Suite, Apt. #, etc.

City

Palm Coast

State

FL

Zip Code

32164

300257813003  
03/13/14--01032--006 \*\*297.50

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

*[Signature]*

REGISTERED AGENT MUST SIGN

Date 3/6/14

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
P	Kenneth Rosa	72 Sloganeer Tr.	Palm Coast, FL 32164
V	Dariane Newby	227 Bird of Paradise Dr	Palm Coast, FL 32137
S	Rhonda Rivera	56 Brockton Lane	Palm Coast, FL 32137
T	Karina Dudley	1100 CR 302	Bunnell, FL 32110

10. E-mail Address: nurd family 4 @ att.net

(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., and 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.

SIGNATURE:

*[Signature]* Kenny Rosa

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/6/14 (2035379454)

Date Daytime Phone #

RG 3/17/14