

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 FEB -6 PM 12:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N26459

1. Corporation Name

PARENT TO PARENT OF PINELLAS COUNTY, INC.

Principal Place of Business

Mailing Address

1960 E. DRUID RD.
CLEARWATER FL 34624
US

1960 E. DRUID RD.
CLEARWATER FL 34625
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

1319 Regina Dr W
Suite, Apt. #, etc.

1319 Regina Dr W
Suite, Apt. #, etc.

4. Date Incorporated or Qualified
To Do Business in Florida

05/16/1988

5. FEI Number

59-2942386

Applied For

Not Applicable

City & State

Largo, FL
Zip 33770 Country US

City & State

Largo, FL
Zip 33770 Country US

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
DS	JADENE RANDELL	1998 SUNTREE BLVD	CLEARWATER FL
DT	LAWYER, SHIRLEY	1509 REGINA DRIVE W 1319	LARGO FL 33770
DT	MILLIRON, VICKY	1837 FEATHER TREE CR	CLEARWATER FL 33745
DP	SANDONATO, HELEN	1051 SEDEEVA ST	CLEARWATER FL 33755
D	MASSIMO, MARTHA	4600 JUNIPER DR	PALM HARBOR FL 34685
700028353647 02/06/04--01040--005 **297.50			

8. Name and Address of Current Registered Agent

SANDONATO, HELEN
1051 SEDEEVE ST
CLEARWATER FL 33755

9. Name and Address of New Registered Agent

Name Shirley Lawyer
Street Address (P.O. Box Number is Not Acceptable)
1319 Regina Dr W
Suite, Apt. #, Etc.
Largo, FL
City Largo State FL Zip Code 33770

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

[Signature]
REGISTERED AGENT MUST SIGN

Date

1/29/04

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 and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), 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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

727-442-0311

CR2ED40 (7/03)