

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

00-03

FILED

03 MAY 12 AM 8:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N-42399

1. Corporation Name

PARENTS WITHOUT PARTNERS,
MARTIN-ST. LUCIE COUNTY
CHAPTER # 1205, INC.

2. Principal Office Address

POST OFFICE BOX 9365

3. Mailing Office Address

POST OFFICE BOX 9365

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

PORT ST. LUCIE, FL

City & State

PORT ST. LUCIE, FL

Zip

34985

Country

U.S.A.

Zip

34985

Country

U.S.A.

700018806687

05/12/03--01070--004 **245.00

4. Date Incorporated or Qualified
To Do Business in Florida

3/08/1991

5. FEI Number

59-2269405

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$375 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

FLORENCE MONAHAN

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

1761 WEST ROYAL TERN LANE

Suite, Apt. #, Etc.

City

FORT PIERCE

State
FL

Zip Code

34982

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.05(5) or 617.05(3), F.S.

Signature of
Registered Agent

Florence Monahan

REGISTERED AGENT MUST SIGN

Date 5/06/03

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/D	BONNIE KANARS	3049 CIRCLE STREET	PORT ST. LUCIE, FL 34953
T/D	LISA PAYNE	797 SW BELMONT CIRCLE	PORT ST. LUCIE, FL 34953
S/D	JAMES MARTEL	864 SW 35TH STREET	PALM CITY, FL 34990
V/D	FLORENCE MONAHAN	1761 W. ROYAL TERN LN.	FORT PIERCE, FL 34982
V/D	BETTY BOLLINGER	971 S.E. THORNHILL DR.	PORT ST. LUCIE FL 34983

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 filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.04(1) or 617.04(1), 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:

Florence Monahan FLORENCE MONAHAN 5/06/03 (772) 461-5541

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (10/02)

PARENTS WITHOUT PARTNERS, INC.

Treasure Coast Chapter No. 1205

P.O. Box 9365, Port St. Lucie, FL. 34985

May 7, 2003

Florida Department of State
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

Re: Uniform Business Report 2000-2003
ENI # 592269405 (N42399)
Martin-St. Lucie Chapter 1205
Parents Without Partners, Inc.

To Whom It May Concern:

Parents Without Partners Chapter 1205, has recently been informed by South Fla. Regional Council #92 that our chapter owes the division, Uniform Business Reports and the annual fees for the years 2000 through 2003, of which we were unaware.

The chapter was inactive in 2000 totally. Since 2001 we have had several turnovers in the officers of our chapter board of directors. No one has any knowledge of receiving any notice/correspondence regarding the above reports.

We are enclosing a check for the amount of fees due for the ^{four} ~~three~~ years along with a current uniform business report. We are at this time requesting that the penalty for not submitting be waived by the State and Division. We would appreciate any assistance you may give us in this matter. Should you need further information please do not hesitate to contact us.

Yours truly,


James Martel
Secretary