


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 APR -2 AM 8:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 02-04

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N94 000005835			
1. Corporation Name Parents Really Involved in Deaf Education, Inc. P.O. Box 771321 Coral Springs, FL 33077-1321			
2. Principal Office Address P.O. Box 771321		3. Mailing Office Address same	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Coral Springs, FL		City & State	
Zip 33077-1321	Country USA	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida 11/29/1994	
5. FEI Number Not Applicable	Applied For <input checked="" type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent	
Name Michelina P. Gioiello	
Street Address (P.O. Box Number is Not Acceptable) 5010 N.W. 77 Court	
Suite, Apt. #, Etc. Hillsboro Pines	
City Pompano Beach	State FL
Zip Code 33073	

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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

Michelina P. Gioiello

Date

3/21/04

REGISTERED AGENT MUST SIGN

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	Michelina Gioiello	5010 NW 77th Court, Hillsboro Pines, FL 33073	Pompano Beach, FL 33073
V/D	Cheryl Harter	204 NW 17th Ave	Coral Springs, FL 33071
S/D	Kathleen DeLaRosa	10660 NW 21 Court	Pembroke Pines, FL 33026
T/D	Cindy Hurd	11877 Classic Drive	Coral Springs, FL 33071

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 607.0401 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:

Cindy Hurd T/D

3/29/04

954-684-5906

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (01/04)