

**2005 NOT-FOR-PROFIT CORPORATION
REINSTATEMENT**

REINSTATEMENT *8504*


FILED

06 JAN 10 PM 12:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N95000005001

1. Entity Name
PAHOKEE TARGET AREA PARENT GROUP, INC.



Principal Place of Business
380 E 5TH ST
PAHOKEE, FL 33476

Mailing Address
380 E 5TH ST
PAHOKEE, FL 33476

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

Zip Country Zip Country



11012005 REIN-NP CR2E099 (6/04)

4. FEI Number
65-0641526

Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WRIGHT, CHEKETA
210 SHIVE AVENUE
PAHOKEE, FL 33476

7. Name and Address of New Registered Agent

Name *Cheketa Wright-Lawrence*

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

City *PAHOKEE* FL Zip Code *33476*

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Cheketa Wright Lawrence* 12-30-05

Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$236.25
After January 1, 2006, Fee will be \$297.50

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP WRIGHT, CHEKETA 210 SHIVE DRIVE PAHOKEE, FL 33476	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV BOLDIN, DYNISHA 35 LAKESIDE DRIVE PAHOKEE, FL 33476	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS ATKINS, TABITHA 827 PADGETT CIRCLE PAHOKEE, FL 33476	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT WALKER, THOMAS 390 JUNIPER AVENUE PAHOKEE, FL 33476	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP <i>Cheketa Wright-Lawrence</i> <i>210 Shive Dr</i> <i>PAHOKEE, FL 33476</i>	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	300064592233 01/26/06--01065--007 **236.25	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT <i>Teriella Buccoughs</i> <i>147 S. Barfield Hwy</i> <i>PAHOKEE, FL 33476</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment, with an address, with all other like empowered.

SIGNATURE: *Cheketa Wright Lawrence* 12-30-05 (561) 924-7178

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

PAHOKEE TARGET AREA PARENT GROUP
380 EAST 5TH STREET
PAHOKEE, FL 33476
Phone: (561) 924-7178
Fax: (561) 924-9608

Handwritten initials

December 30, 2005

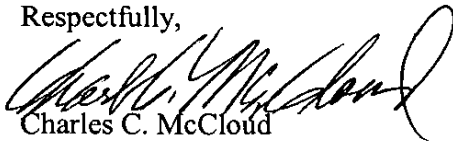
Dear Sirs/Madame:

Due to setbacks from the Hurricane Season and displacement of members of our Target Area Parent Group, we are late in sending out our renewal request for reinstatement of our Not-for-Profit Corporation, for the year 2005-2006.

Due to the fact that we never received a notice for the 2005 year, we are enclosing a check for \$236.25 for reinstatement. However, if the reinstatement fee is waived, we request that \$70.00 be used for the 2006 year and a certificate of 2006.

We cordially thank you in advance; however, if we are in error of understanding the process, please notify us immediately either by mail or by telephone at the number listed above. You may speak with Charles McCloud, Facilitator/Advisor to the Parent Group.

Respectfully,


Charles C. McCloud