

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

09 OCT -1 AM 8:49

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N9000005001

1. Corporation Name

N95000005001

Pahokee Target Area Parent Group, Inc.

200161247432  
10/01/09--01044--009 \*\*175.00

REINSTATEMENT 09

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

380 E. 5th Street

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

N/A

Suite, Apt. #, etc.

City & State

Pahokee

City & State

Zip

33476

Country

USA

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

10/19/1995

5. FEI Number

65-0641526

Applied For

Not Applied

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent.

Name

Latasha Gray

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

802 Padgett Circle

Suite, Apt. #, Etc.

N/A

City

Pahokee

State

FL

Zip Code

33476

☒ The reinstatement fee is imposed, except in  
circumstances which the entity did not receive  
the prior notices. By checking this box, you  
are certifying the prior notices were not  
received and requesting the reinstatement  
fee be waived.

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

9/17/09

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
DP	Latasha Gray	802 Padgett Circle	Pahokee, FL 33476
DV	Theodore Roberts	397 Annona Ave	Pahokee, FL 33476
DS	Takeisha Hardwick	290 Parkview Court	Pahokee, FL 33476
DT	Generria Gilbert	413 West 7th Street	Pahokee, FL 33476

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 contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/17/09

Date

(351) 419-4187

Daytime Phone #