

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N98000006467

1. Corporation Name

PASCO CHRISTIAN HOMESCHOOL ASSOCIATION, INC.
PASCO

Principal Place of Business

Mailing Address

P.O. BOX 3085
HOLIDAY FL 34690

P.O. BOX 3085
HOLIDAY FL 34690

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

11/13/1998

5. FEI Number

NOT-APPLICABLE

Applied For

Not Applicable

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
<i>Judy D</i> P/D	HEKHUIS, JUDY	7500 LILY PAD CT	HUDSON FL 34667
<i>Gerald</i> C/D	HEKHUIS, GERALD	7500 LILY PAD CT	HUDSON FL 34667
<i>Melinda</i> D	PEARCE, MELINDA	513 RIVER VIEW LANE 722 Bayshore Drive	TARPON SPRINGS FL 34689
<i>Perri</i> T	Pelley, Perri	5037 Postell Drive	Holiday, FL 34690
			300004746333-3 -01/02/02--01010--015
			****236.25 ****236.25 11/78

8. Name and Address of Current Registered Agent

HEKHUIS, JUDY D
7500 LILY PAD CT
HUDSON FL 34667

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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.

Signature of
Registered Agent

Judy D. Kehhuis

REQUIRED

REGISTERED AGENT MUST SIGN

Date 12-04-01

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:

Judy D. Kehhuis
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-04-01

Date

727-863-7720

Daytime Phone #

CR2040 (8/01)