

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 NOV 20 AM 8:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **730108**

1. Corporation Name
THE LAKE WORTH CHRISTIAN SCHOOL SOCIETY, INC.

Principal Place of Business 7592 HIGH RIDGE ROAD BOYNTON BEACH FL 33426	Mailing Address 7592 HIGH RIDGE ROAD BOYNTON BEACH FL 33426
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REINSTATEMENT 02

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		4. Date Incorporated or Qualified To Do Business in Florida 06/29/1974	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 59-0855397	
City & State		City & State		Applied For	
Zip		Zip		Not Applicable	
Country		Country		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
DP	WIERENGA, PHILIP LIN, DAVID	18811 CAMBAY CIR 175 AUBURN DRIVE	BOYNTON BEACH FL 33437 LAKE WORTH, FL 33460
DT	COONEY, MICHAEL	1701 13TH AVE NORTH	LAKE WORTH FL 33460
DS	LIN, DAVID SCHOLL, GEORGE	175 AUBURN DRIVE 720 WINTERS STREET	LAKE WORTH FL 33460 West Palm Beach, FL 33405
DV	JALSM, VANCE MEERBECK, KIM	4419 REDDING ROAD 6716 HILLSIDE LANE	BOYNTON BEACH FL 33438 LANTANA, FL 33462
DV	GRANOWITZ, TIM	24 PEPPERWOOD CT	BOYNTON BEACH FL 33426
D	STOB, LEONARD	7630 OAKBORO DR	LAKE WORTH, FL 33467

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
STOB, LEONARD 7630 OAKBORO DR LAKE WORTH FL 33467		Name	
		Street Address (P.O. Box Number is Not Acceptable) 000009089620	
		Suite, Apt. #, Etc. 11/20/02--01005--002 **236.25	
		City	State Zip Code FL

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. or 617.0505, F.S.

Signature of Registered Agent *Leonard Stob* **SIGNATURE REQUIRED** Date Nov 8, 2002
REGISTERED AGENT MUST SIGN

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: *Leonard Stob* **SIGNATURE REQUIRED** Date Nov 8, 2002
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2ED40 (8/02)