

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

99 APR 29 AM 9:15

RECEIVED  
STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N36874

1. Corporation Name  
PALM BEACH COUNTY HUMAN RIGHTS COUNCIL, INC

Mailing Address  
W99-9449

Principal Place of Business  
715 PARK PLACE  
WEST PALM BEACH, FL. 33401

REINSTATEMENT 96-99

If above addresses are incorrect in any way, line through incorrect information and enter correction below

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip Country

4. Date Incorporated or Qualified To Do Business in Florida  
MARCH 2, 1990

5. FEI Number  
65-0175288

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PRES.	NORMAN ARRON D	3273 GROVE RD.	BOYNTON BEACH, FL. 33435
V-P	JOSEPH FIELDS D	SUITE 1450 515 NO. FLAGLER DR.	W. PALM BEACH FL. 33401
SEC.	(MS) RAE FRANKS D	700 NO. OLIVE AVE	W. PALM BEACH FL. 33401
TRES	DAN HALL D	715 PARK PLACE	W. PALM BEACH FL. 33401

500002869925--9  
-05/10/99--01130--016  
\*\*\*\*420.00 \*\*\*\*420.00

8. Name and Address of Current Registered Agent

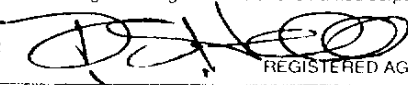
DAN HALL ROZ R1220  
715 PARK PL.  
W. PALM BEACH, FL. 33401

9. Name and Address of New Registered Agent

Name DAN HALL  
Street Address (P.O. Box Number is Not Acceptable)  
715 PARK PLACE  
Suite, Apt. #, Etc.

City W. PALM BEACH State FL Zip Code 33401

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0305, F.S.

Signature of Registered Agent 

REGISTERED AGENT MUST SIGN

Date 4-15-99

11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes  No

(See other side for information on intangible tax)

12. 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)(g), 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

4/15/99

561-802-4372

Digital Print

CR200A 1-2-98