

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS

FILED SECRETARY OF STATE TALLAHASSEE, FLORIDA

09 JUN 30 AM 11:15

800157967848 06/30/09--01005--013 **2250 KCS

DOCUMENT # P97000076246

1. Corporation Name

South House of The Palm Beaches, INC

2. Principal Office Address - No P.O. Box # 3. Mailing Office Address 170 Kinnelon Road Suite 31A Kinnelon, NJ 07405

REINSTATEMENT 99-09

4. Date Incorporated or Qualified To Do Business in Florida 12/01/1997 5. FEI Number 65-0802008 6. CERTIFICATE OF STATUS DESIRED [X] \$0.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name James D. Ryan Street Address (P.O. Box Number is Not Applicable) 631 U.S. Highway One Suite 100 North Palm Beach FL 33408

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.

I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0506 or 617.0503, F.S.

Signature of Registered Agent Date 5/28/09 REGISTERED AGENT MUST SIGN

8. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Table with 4 columns: Titles, Name of Officers and/or Directors, Street Address of Each Officer and/or Director, City / State / Zip. Rows include Joanne Mooney, Lynn Morris, Pamela Howarth.

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: Joanne B. Mooney 5-28-09 973-838-2122