PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FLORIDA DEPARTMENT OF STATE APPLICATION Sandra B. Mortham Secretary of State REINSTATEMENT DIVISION OF CORPORATIONS 97 MAY 12 AM 11:00 DOCUMENT # \/() 1. Corporation Name SECRETARY OF STATE BOYNTON FIVE, INC. TALLAHASSEE, FLORIDA Principa! Place of Business Mailing Address REINSTATEMENT 94 P.O. BOX 540085 7001 WESTLANTAWAR LAKE WORTH LAKE WOOTH PLAT If above addresses are incorrect in any way, line through incorrect information and enter correction below. 3. New Mailing Office Address, If Applicable P.O. Box 540085 2. New Principal Office Address, If Applicable 7001 West Lantana Road Date Incorporated or Qualified To Do Business in Florida 12-13-91 Suite, Apt. #, etc. Suite, Apt. #, etc. 5. FEI Number Applied For City & State Worth, FL **33467** City & State Worth, FL 3345 65-0332744 Not Applicable \$8.75 Additional Fee required Country Country CERTIFICATE OF STATUS DESIRED 334545 for a Certificate of Status 33467. United States 7. Names and Street Addresses of Each Officer and/or Director. (Florida nonprofit corporations must list at least 3 directors) Name of Officers Street Address of Each City / State / Zip Title(s) and/or Directors Officer and/or Director (Do NOT Use Post Office Box Numbers) S/T 10842 Shankhill Road Sebring, FL 33870 James E. Dubose P John I. Whitworth, III 3926 Sherwood Blvd. Delray Beach, FL 33444 9345 Spanish Moss Road Lake Worth, FL 33467 D Glen Whitworth VP Valjean Haley 5450 Flavor Pict Road Boynton Beach, FL 33437 9085 Perth Road D E. Wayne Dubois Lake Worth, FL 33467 8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent Name Clifford R. Rhoades 227 North Ridgewood Drive Sebring, FL 33870 ***1245.00 ***1245.00 Suite, Apt. #, Etc. Zip Code State 10. I, being appointed the regis poration, am familiar with and accept the obligations of Section 607.0505, F.S. Signature 2 Registered Agent RECOMMED AGENT MUST SIGN 11. Does this corporation pay any intangible tax to the (See other side for information on intangible tax.) Dept. of Revenue under S. 199.032, Florida Statutes. No دیا Yes 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)(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.

SONMURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR James E. Dubose, Secretary/Treasurer

SIGNATURE: 1

800-544-0530