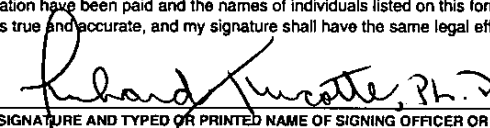


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		FILED 05 JAN -6 PM 12: 33 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # 708544					
1. Corporation Name Boystown of Florida, Inc 9401 Biscayne Blvd. 9401 Biscayne Blvd.					
2. Principal Office Address 9401 Biscayne Blvd. Suite, Apt. #, etc.			3. Mailing Office Address 9401 Biscayne Blvd. Suite, Apt. #, etc.		
City & State Miami Shores, FL			City & State Miami Shores, FL		
Zip 33138	Country USA	Zip 33138	Country USA	4. Date Incorporated or Qualified To Do Business in Florida 2/25/1965	
5. FEI Number 59-1085320				Applied For ☐ Not Applicable	
6. CERTIFICATE OF STATUS DESIRED ☐				\$8.75 Additional Fee required for a Certificate of Status	
7. Name and Address of Current Registered Agent					
Name Fitzgerald, J. Patrick					
Street Address (P.O. Box Number is Not Acceptable) 110 Merrick Way					
Suite, Apt. #, Etc. Suite 3-B					
City Coral Gables				State FL	Zip Code 33134
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.					
Signature of Registered Agent				Date 11/10/04	
REGISTERED AGENT MUST SIGN					
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)					
Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director		City / State / Zip	
Pres:	Msgr. Hennessey	9401 Biscayne Blvd		Miami Shores, FL 33138	
VP	Richard Turcotte	9401 Biscayne Blvd		Miami Shores, FL 33138	
Chair.	Bernard Probst	3233 S.W. 57th Court		Miami, FL 33157	
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 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:				11/10/04 305-762-1332	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	

CR2E081 (01/04)