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 | **3.** Mailing Office Address |
|---|---|
| 9401 Biscayne Blvd. | 9401 Biscayne Blvd. |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| Miami Shores, FL | Miami Shores, FL |
| Zip: 33138 Country: USA | Zip: 33138 Country: USA |

REINSTATEMENT 02-04
11/18/04 01031 009 $358.75

**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

CR2E081 (01/04)

**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 |
| | | | |
| | | | |
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**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:** Richard Turcotte, Ph.D. 11/10/04 305-762-1332
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #