

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 718869

1. Corporation Name *Operation Concern, Inc.*

FILED

98 NOV 12 AM 9:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
8543 Boynton Beach Boulevard P.O. Box 2149
Boynton Beach, Florida West Palm Beach, FL
33437 33402-2149

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

REINSTATEMENT 98

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida 7/16/70	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 59-1346618	
City & State		City & State		Applied For	
Zip		Country		Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>				\$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.	Bud Riley	K-I Briney Breezes	Boynton Beach, Florida
Treas.	Ethel Cox	327 Cordova Rd.	West Palm Beach, Florida
Director	Dr. William Shiele	2341 S. Military Trail	West Palm Beach, Florida 33406
Director	Artist Wilcox	327 Cordova Rd.	West Palm Beach, Florida
Director	Dr. Michael L. McClure	4004 Lake Ida Road	Delray Beach, Florida 33445

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
Rev. Linford C. Wilcox Deceased		Name Dr. Michael L. McClure Street Address (P.O. Box Number is Not Acceptable) 4004 Lake Ida Road Suite, Apt. #, Etc. City Delray Beach State FL Zip Code 33445	

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent *Dr. Michael L. McClure* Date 11/10/98
REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid 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)(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: *Dr. Michael L. McClure* (Dr. Michael L. McClure) 11/4/98 (561) 495-2107
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2040 (1/98)