

# 2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # 743067</b> 1. Entity Name PALM BEACH COUNTY ASSOCIATION OF THE DEAF, INC.				 FILED APR -8 PM 12:19 SECRETARY OF STATE TALLAHASSEE, FLORIDA <b>REINSTATEMENT</b> <u>06-05</u>	
Principal Place of Business PALM BCH COUNTY ASSOC. 3901 DAVIS RD LAKE WORTH, FL 33461-3609 US		Mailing Address PALM BCH COUNTY ASSOC. 3901 DAVIS RD LAKE WORTH, FL 33461-3609 US			
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.		03282005 REIN-NP CR2E099 (6/04)	
City & State		City & State		4. FEI Number 59-2403960	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  TOPPIN, JUDITH A 423 SE 19T ST FORT LAUDERDALE, FL 33316				7. Name and Address of New Registered Agent Name <u>MORTON C. KRAMER</u> Street Address (P.O. Box Number is Not Acceptable) <u>11097 MALAYSIA CIRCLE</u> City <u>BOYNTON BEACH</u> FL <u>33437</u>	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <u>Morton C. Kramer</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE <u>4/5/05</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
<b>FILE NOW!!! FEE IS \$297.50</b>				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MITTAUER, LILLIAN 5908 PARADISE PL FORT LAUDERDALE, FL 33321	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	JOE POMICKOWSKY 7622 SANTED TALK LAKE WORTH, FL 33437	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BEAL, BEVERLY 9775 CRESCENT VIEW DR SO BOYNTON BEACH, FL 33437	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MORTON C KRAMER 11097 MALAYSIA CIRCLE BOYNTON BEACH, FL 33437	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TOPPIN, JUDITH A 423 SE 19TH ST FORT LAUDERDALE, FL 33316	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	JOHN D'UNOFRIU 5518 MIRAGE LAKE BLVD BOYNTON BEACH, FL 33437	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SOMERS, DELORES 8330 LAKE CYPRESS RD LAKE WORTH, FL 33467	<input type="checkbox"/> Delete	300051350973 04/20/05--01011--022 **306.25		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T STEINMAN, EDITH 7832 ROCKFORD RD BOYNTON BEACH, FL 33437	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	RUTH ANN MILLER 6579 MAGNOLIA DR BOYNTON BEACH, FL 33437	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR SUGARMAN, FRED 4734 LUCERNE LAKES BLVD D 313 LAKE WORTH, FL 334671981	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ALAN GOLD 7075 TREATINO WAY BOYNTON BEACH, FL 33437	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>Morton C. Kramer, SECRETARY</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				DATE <u>4/5/05</u> (501) 737-9105 <small>Date Daytime Phone #</small>	

T. Roberts APR 13 2005 01A 2367