## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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APPLICATION FOR		FLORIDA DEPARTMEN			FILED		
REINSTATEMENT	Con Let				97.	JAN -9 AM 8: 16	
DOCUMENT #  1. Corporation Name	L63788					CHETARY OF STATE LAHASSEE, FLORIDA	
JOHN D. BOY	KIN, P.A.	•			17 12	CATANOSEC, PLONIDA	
	·						
Mailing Address		Principal Plac	e of Business	······································	<b>\</b>		
	D. Boykin		REH	ISTATEMENT 10-9			
Suite 1900 West Palm Beach, FL 33401					.,		+
If above addresses are incorrect in a							
2. New Mailing Address, If Applicable	3. New Principal Office Address, If Applicable			DO NOT WRITE IN THIS SPACE  4. Date Incorporated or Qualified To Do Business in Florida			
515 North Flagler Dr. Sulle Apt. # etc. #1900		515 North Flagler Drive Suite, Apt. #, etc.			5. FEI Numbe	4/1/1990	
# 1900 City & State		#1900 City & State			65-0187873 Applied For Not Applied For		
West Palm Beach, FL Zip Country		West Palm Beach, Fl			6.	1075	
33401	US	33401		US		E OF STATUS DESIRED To a Certal all of Status	
7. Names and Street Addresses of Ed		r Director (Flor		rations must list at least treet Address of Each			4
Title(s) Name of Officers and/or Directors		Officer and/or Director 3 (Do NOT Use Post Office Box N		i	City / State / Zip		
PD John D. Boykin			515 No. Flagler Dr., #1900 West Palm Beach, FL 33401				
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						1 1161-10-97	
8. Name and Addre	ess of Current F	legistered Age	nt		9. Name and	Address of New Registered Agent	$\dashv$
Name Name				Name			
John D. Boykin 515 North Flagler Drive, #1900				Street Address (F	Street Address (P.O. Box Number is Not Acceptable)		
West Palm Beach, FL 33401			Suite, Apt. #, Etc.				-
				City State Zip Code		State Zip Code	
10. I, being appointed the registered	age of the alton	e named color	ration am familiar	with and accept the o	bligations of Sect	FL	_
Signature of		1		7			1
Registered Agent	RE	GISTERED AG	ENT MUST SIGN	· · · · · · · · · · · · · · · · · · ·	<del> </del>	Date 1/6/97	-
11. If this corporation i	is a non-pi	rofit with I	.R.S. 501(a	:)(3) tax exem	npt status,	check this box additional information	1.)
12. Does this corpora Dept. of Revenue	tion pay a under S.	ny intang 199.032,	ible tax to t Florida Sta	the atutes. Yes	□ No[	(See other side for information on intangible tax.)	
12 I do boroby padily that the inform	ation supplied w	ith this filing is:	zolunteriki furnisha	d and done not qualify	y for the exemption that the inform provided for in a set the requirement accurate, and my	on stated in Section 119.07(3)(k), Florida Statutes. I re- nation supplied is deemed exempt from public access: chapter 607 or 617, F.S. I further certify that when filling ints of section 607.0401 or 617.0401, F.S., and that a resignature shall have the same legal effect as if mad	0=0
SIGNATURE:	ID TYPED OR PRI	IDED NAME OF S	IGNING OFFICER O		Boykin, P	res. 1/6/97 561-832-5900  Date Dayline Phone #	-