

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<p><b>APPLICATION FOR REINSTATEMENT</b></p>		<p align="center">   <b>FLORIDA DEPARTMENT OF STATE</b>              Sandra B. Mortham              Secretary of State              DIVISION OF CORPORATIONS           </p>		<div style="text-align: center;"> <p><b>FILED</b></p> <p>97 JAN -8 PM 2:34</p> <p>SECRETARY OF STATE TALLAHASSEE FLORIDA</p> </div>																													
<p><b>DOCUMENT #</b> L 99713</p>																																	
<p>1 Corporation Name <b>Primary Prep of Lantana, Inc</b></p>																																	
<p>Principal Place of Business</p> <p><b>4521 PGA BLVD SUITE 305 Palm Beach Gardens FL 33418</b></p>			<p>Mailing Address</p>																														
<p>If above addresses are incorrect in any way, line through incorrect information and enter correction below</p>																																	
<p>2 New Principal Office Address, If Applicable</p> <p><b>4521 PGA BLVD SUITE 305 Palm Beach Gardens FL 33418</b></p>		<p>3 New Mailing Address, If Applicable</p> <p><b>4521 PGA BLVD SUITE 305 Palm Beach Gardens FL 33418</b></p>		<p>4 Date Incorporated or Qualified To Do Business in Florida</p>																													
<p>5 FEI Number</p>		<p><input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable</p>																															
<p>6 CERTIFICATE OF STATUS DESIRED <input type="checkbox"/></p>				<p><input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status</p>																													
<p>7 Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;">Title(s)</th> <th style="width: 30%;">Name of Officers and/or Directors</th> <th style="width: 30%;">Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)</th> <th style="width: 30%;">City / State / Zip</th> </tr> </thead> <tbody> <tr> <td>Pres</td> <td>Pauline A McKee</td> <td>4521 PGA BLVD #305</td> <td>Palm Beach Gardens FL 33418</td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>						Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip	Pres	Pauline A McKee	4521 PGA BLVD #305	Palm Beach Gardens FL 33418																				
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<p>8. Name and Address of Current Registered Agent</p> <p><b>Pauline A. McKee 4521 PGA BLVD #305 Palm Beach Gardens FL 33418</b></p>				<p>9. Name and Address of New Registered Agent</p> <p>Name _____</p> <p>Street Address (P.O. Box Number is Not Acceptable) _____</p> <p>Suite, Apt. #, Etc. _____</p> <p>City _____ State <b>FL</b> Zip Code _____</p>																													
<p>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.</p> <p>Signature of Registered Agent <u>Pauline McKee</u> Date _____</p> <p align="center">REGISTERED AGENT MUST SIGN</p>																																	
<p>11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> (See other side for information on intangible tax.)</p>																																	
<p>12 I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(K), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(K) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.</p>																																	
<p><b>SIGNATURE:</b> <u>Pauline A McKee</u> <u>12/20/96</u> <u>Pauline A McKee</u></p> <p align="center">SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</p>																																	

CR2040 (12/95)