

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # L90951

1. Corporation Name

REFLECTIONS OF BOYNTON, INC.

Principal Place of Business

1893 S.W. 15TH AVE  
BOYNTON BEACH FL 33426-6321  
US

Mailing Address

1893 S.W. 15TH AVENUE  
BOYNTON BEACH FL 33426-6321  
US

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

07/30/1990

5. FEI Number

65-0211982

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$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	4 City / State / Zip
P	THIBAUT, BARBARA JEAN	2540 SW 14 CT #39	BOYNTON BEACH FL
S	THOMAS, RICHARD	2540 SW 14 CT. #39	BOYNTON BEACH FL

REINSTATEMENT 01

600004779356--1  
-01/17/02--01002--007  
\*\*\*\*750.00 \*\*\*\*750.00

8. Name and Address of Current Registered Agent

THIBAUT, BARBARA JEAN  
1893 SW 15TH AVE  
BOYNTON BEACH FL 33435

9. Name and Address of New Registered Agent

Name

Richard Thomas

Street Address (P.O. Box Number is Not Acceptable)

2580 SW 14 CT #30

Suite, Apt. #, Etc.

City

Boynton Bch

State

FL

Zip Code

33426

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

*Richard Thomas*

REGISTERED AGENT MUST SIGN

Date

12/24/01

11. 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 Thomas*

Richard Thomas, Secretary

Date

Daytime Phone #

561-742-0528

CR2E040 (8/01)