PLEASE READ ALL INSTRUCTIONS BEFORE

FILED
04 OCT 27 AM 10:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N02000002506

1. Corporation Name
JFK Medical Center Charter School, Inc.

2. Principal Office Address	3. Mailing Office Address
4696 Davis Road	4696 Davis Road
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Lake Worth, FL	City & State: Lake Worth, FL
Zip: 33461 Country: USA	Zip: 33461 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: April 5, 2002

5. FEI Number: 01-0683331 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: Beth Brill, c/o HCA Health Care

REINSTATEMENT 04

Street Address (P.O. Box Number is Not Acceptable): 301 East Las Olas Blvd.

Suite, Apt. #, Etc.: 4th Floor

City: Ft. Lauderdale State: FL Zip Code: 33301

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent: Beth Brill, c/o HCA Health Care by: _____ Date: 10/25/04

REGISTERED AGENT MUST SIGN

CR2E081 (10/02)

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD	Beth Brill	301 E. Las Olas Blvd., 4th Floor	Ft. Lauderdale, FL 33301
VPD	Joyce Cumiskey	160 JFK Drive, 2nd Floor	Atlantis, FL 33462
SD	Denise Kaufman	5301 South Congress Avenue	Atlantis, FL 33462
D	Patti Nicholas	4685 South Congress Avenue	Lake Worth, FL 33461
D	Lois Biddix	504 5th Avenue North	Lake Worth, FL 33460
D	Sharon Reuben	5301 South Congress Avenue	Atlantis, FL 33462

10. 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: _____ 10/25/04 954-767-5772

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

B040002140943

Florida Department of State
Division of Corporations
Public Access System

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CORPORATION REINSTATEMENT

JFK MEDICAL CENTER CHARTER SCHOOL, INC.

Certificate of Status	1
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