DI EACE DEAD AL	LINGTRUCTION	S REFORE (OMPLET	ING THIS FORM	
APPLICATION FOR	FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State		1		
REINSTATEMENT	DIVISION OF CORP		}	FILED	
DOCUMENT # N22784			98 DEC PM 2: 05		
1. Corporation Name Bora Raton Chrotian Center					
•			SECRETARY OF STATE TALLAHASSEE, FLORIDA		
Principal Place of Business Malling Address			-		
363 NW 46 Street Pompano Beach, FL 33064 R			eniow a		
Pompano Deach, FL	33069	n	ai Cyni	TENENT 980	
If above addresses are incorrect in any way, line through incorrect information and enter correction below. 2. New Principal Office Address, If Applicable 3. New Mailing Office Address, If Applicable			4 Data lacera	outed as Qualified	
			Date Incorporated or Qualified To Do Business in Florida		
	City & State		5. FEI Number	an in z an	
	Zip Cou	ntrv	6.	\$8.75 Additional Fee required	
Names and Street Addresses of Each Officer and/or		orations must list at la	CERTIFICATE	for a Certificate of Status	
Title(s) Title(s) 2 Name of Officers and/or Directors		Street Address of Each Officer and/or Director	n	City / State / Zip	
P/D Jevald M. Hutcher 363		Use Post Office Box P		Poinpaul Beach, FC 33064	
				Margate, FL 33068	
SID Robert C. Johnson Jr. 324		imerson Ci	meršon Circle Palm Springs, FL 33461		
			1	000027168813	
				****245.08 ****245.00	
8. Name and Address of Current Registered Agent			Name and Address of New Registered Agent Name		
Terald M. Hudcher	Street Address (F	Street Address (P.O. Box Number is Not Acceptable)			
363 NW 46 Street Pompano Beoch, FL 33064		Suite, Apt. #, Etc	Suite, Apt. #, Etc.		
Fompano veder, FL 20001		City			
10. I, being appointed the registered agent of the phove	narfied corporation, am familiar	with and accept the o	bligations of Secti	on 607.0505, F.S.,	
Signature of Registered Agent Half MARGISTERED AGENT MUST SIGN Date 11/29/98					
11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes No W (See other side for information on Intangible tax.)					
12. 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: What C. Johnson Jr., 12-1-98 561-967-1108 SIGNATURE: SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Dayline Phone *					