PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
96 DEC -4 AM 7:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
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-12/06/96--01025--012
****542.50 ****542.50

DOCUMENT # (prior document #N27011)

1 Corporation Name
Community Development Council of Palm Beach County, Inc.

Principal Place of Business
Palm Beach County

Mailing Address
Community Development Council
PO Box 970125
Boca Raton, FL 33497

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

REINSTATEMENT 91-96

DO NOT WRITE IN THIS SPACE

2 New Principal Office Address, If Applicable
Suite, Apt. #, etc
City & State
Zip | Country

3. New Mailing Address, If Applicable
Suite, Apt. #, etc.
City & State
Zip | Country

4. Date Incorporated or Qualified To Do Business in Florida
June 20, 1988

5. FEI Number
[ ] Applied For
[X] Not Applicable

6. CERTIFICATE OF STATUS DESIRED [X] $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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
P	Skeet Jernigan	1263 E. Las Olas Blvd. Suite 202	Fort Lauderdale, FL 33301
D	Craig Unger	4400 W. Sample Road Suite 200	Coconut Creek, FL 33408
D	Walter Collins	312 SE 17 Street Suite 300	Fort Lauderdale, FL 33316
D	Mike Belmont	2541 Metrocenter Blvd. Suite 1	West Palm Beach, FL 33407
			JB 12-5-96

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent
Name
Skeet Jernigan
Street Address (P.O. Box Number is Not Acceptable)
1263 E. Las Olas Blvd., #202
Suite, Apt. #, Etc.
City: Fort Lauderdale, State: FL Zip Code: 33301

CR2E040 (12/95)

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: Skeet Jernigan
REGISTERED AGENT MUST SIGN
Date 11/19/96

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes [ ] No [X]
(See other side for information on intangible tax.)

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

SIGNATURE: Skeet Jernigan SKEET JERNIGAN 11/19/96 954-523-2942
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #