

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>APPLICATION FOR REINSTATEMENT</b>		<b>FLORIDA DEPARTMENT OF STATE</b> Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		97 OCT 23 PM 3: 31  SECRETARY OF STATE TALLAHASSEE, FLORIDA	
<b>DOCUMENT # N47761</b>					
1. Corporation Name <b>THE PALM BEACH COUNTY CENTER OF EXCELLENCE, INC.</b> <b>585 NW 15TH COURT</b> <b>BOCA RATON, FL 33486</b>					
Principal Place of Business <b>585 NW 15TH COURT</b> <b>BOCA RATON, FL 33486</b>			Mailing Address <b>P.O. BOX 11354</b> <b>RIVIERA BEACH, FL 33419</b>		
If above addresses are incorrect in any way, line through incorrect information and enter correction below.					
2. New Principal Office Address, if Applicable <b>585 NW 15TH COURT</b> Suite, Apt. #, etc.		3. New Mailing Address, if Applicable <b>P.O. BOX 11354</b> Suite, Apt. #, etc.		4. Date Incorporated or Qualified To Do Business In Florida <b>3-9-92</b>	
City & State <b>BOCA RATON, FL</b> Zip <b>33486</b>		City & State <b>RIVIERA BEACH, FL</b> Zip <b>33419</b>		5. FEI Number <b>65-0524282</b>  6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	
Country <b>PALM BEACH</b>		Country <b>PALM BEACH</b>			
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)					
1	2	3	4	5	6
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.	BRUCE S. MCDONALD	585 NW 15TH COURT	BOCA RATON, FL 33486		
SEC.	MARY TUGGLE	3908 SHELLEY ROAD N.	WPB, FL 33407		
TRES.	KERNAA ILES	1707 HILTONIA CIRCLE	WPB, FL 33407		
<div style="position: relative;"> <span style="position: absolute; top: 0; right: 0; font-size: 2em; font-weight: bold;">REINSTATEMENT 93-97</span> </div>					
8. Name and Address of Current Registered Agent <b>THOMAS MONTGOMERY</b> <b>1850 BREAKERS WEST COURT</b> <b>WEST PALM BEACH, FL 33411</b>			9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number, if Applicable) Suite, Apt. #, Etc. City State Zip Code		
			<b>2000002331703--2</b> <b>-10/28/97--01069--008</b> <b>****481.25 ****481.25</b> <b>FL</b>		
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 _____ Date <b>10-21-97</b> REGISTERED AGENT MUST SIGN					
11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> (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: <i>[Signature]</i> <b>10-21-97</b>					

CR2000 (12/95)