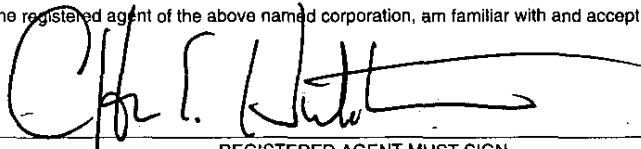


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>APPLICATION FOR REINSTATEMENT</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> <b>Glenda E. Hood</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # N93000003789</b>			
1. Corporation Name <b>PALM BEACH COUNTY EXTENSION OVERALL ADVISORY COMMITTEE, INC.</b>			
Principal Place of Business <b>C/O AGRICULTURAL SERVICES CENTER 559 N. MILITARY TRAIL WEST PALM BEACH FL 33415</b>		Mailing Address <b>C/O AGRICULTURAL SERVICES CENTER 559 N. MILITARY TRAIL WEST PALM BEACH FL 33415</b>	
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 <b>08/18/1993</b>	
		5. FEI Number <b>NOT APPLICABLE</b>	
		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> <b>\$8.75 Additional Fee required for a Certificate of Status</b>	
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 3	City / State / Zip 4
D	GRAHAM, MIKE	5151 NORTHLAKE BLVD	PALM BEACH GARDEN FL 33418
P	SCHOECH, CHARLES ESQ	P.O. BOX 2775 N/A	PALM BEACH FL 33480
D	LEITBOVIT, ART	232-A ROYAL PALM WAY	PALM BEACH FL 33480
D	CHAMBLEE, SANDRA	1045 TABIT RD	BELLE GLADE FL 33430
D	CLARKE, LESLIE	2929 WINDING OAKS LANE	WELLINGTON FL 33414
D	DAVIS, DIGNA	612 SIXTH TERRACE	PALM BEACH GARDENS FL 33418
8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
<b>HUTCHESON, CLAYTON E 559 N. MILITARY TRAIL WEST PALM BEACH FL 33415</b>		Name <b>10/12/04--01053--013 **297.50</b>	
		Street Address (P.O. Box Number is Not Acceptable)	
		Suite, Apt. #, Etc.	
		<b>REINSTATEMENT</b> <b>03-04</b> State Zip Code	
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. or 617.0505, F.S.  <div style="display: flex; justify-content: space-between;"><div>Signature of Registered Agent  <b>REGISTERED AGENT MUST SIGN</b></div><div>Date <b>10/5/04</b></div></div>			
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.			
<b>SIGNATURE: Charles F. Schoech</b> <b>10-7-04</b> <b>561-655-0620</b> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #			

FILED  
04 OCT 12 PM 4:10  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



CR2E040 (7/03)