

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		APPROVED AND FILED  97 NOV 12 PM 4:18  SECRETARY OF STATE TALLAHASSEE, FLORIDA	
<b>DOCUMENT #</b> <i>N.94000000802</i> 1. Corporation Name  <b>MARGARET A. GUISTETTI PALM BEACH CHAPTER DAR FOUNDATION, INC.</b>		<b>REINSTATEMENT</b> <i>95-97</i> <i>Calan</i> <i>11/12/97</i>			
Principal Place of Business      Mailing Address <b>c/o Jones, Foster, Johnston &amp; Stubbs, P.A.</b> <b>505 S. Flagler Drive, #1100</b> <b>West Palm Beach, FL 33401</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 Address, If Applicable Suite, Apt. #, etc.  City & State  Zip      Country		4. Date Incorporated or Qualified To Do Business In Florida <b>2-15-94</b> 5. FEI Number <b>65-6158034</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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip		
D	Rebecca G. Doane	505 S. Flagler Drive, #1100	West Palm Beach, FL 33401		
D	Mrs. Kathleen G. Fleming	166 Lake Drive	Palm Beach Shores, FL 33404		
D	Mrs. Nancy A. Shepherd	1902 Notre Dame Drive	Lake Worth, FL 33460-6349		
D	Mrs. Marian Morgan	9 Slash Pine Villa Delray Dunes	Boynton Beach, FL 33436		
D	Mrs. William F. Mitchell	4766 S. Lake Drive	Boynton Beach, FL 33436		
D	Mrs. Kathryn C. Vecellio	771 Village Road	North Palm Beach, FL 33408		
8. Name and Address of Current Registered Agent  <b>Rebecca G. Doane</b> <b>Jones, Foster, Johnston &amp; Stubbs, P.A.</b> <b>505 S. Flagler Drive, #1100</b> <b>West Palm Beach, FL 33401</b>			9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City      State      Zip Code <div style="text-align: right;"> <b>FL</b> </div>		
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 <i>Rebecca G. Doane</i> Date <i>11/7/97</i> <div style="text-align: center; font-size: small;">REGISTERED AGENT MUST SIGN</div>					
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.					
<b>SIGNATURE:</b> <i>Rebecca G. Doane</i> Date <i>11/7/97</i> Daytime Phone # _____ <div style="text-align: center; font-size: x-small;">SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</div>					

CR2E040 (12/95)