

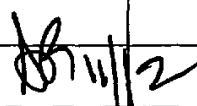


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>APPLICATION FOR REINSTATEMENT</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> <b>Secretary of State</b> <b>DIVISION OF CORPORATIONS</b>		<b>FILED</b> <b>SECRETARY OF STATE</b> <b>DIVISION OF CORPORATIONS</b>  <b>99 NOV -8 PM 2:16</b>  <b>300003045993--4</b> <b>-11/16/99--01080--005</b> <b>****236.25 ****236.25</b>   <b>REINSTATEMENT 99</b>	
<b>DOCUMENT # N95000003570</b> 1. Corporation Name <b>THE KAIROS FOUNDATION, INC.</b>					
Principal Place of Business <b>212 NORTH U.S. HIGHWAY 1, SUITE 17</b> <del>SUITE 18</del> <b>TEQUESTA FL 33469</b> <b>US</b>		Mailing Address <b>212 NORTH U.S. HIGHWAY 1, SUITE 17</b> <del>SUITE 18</del> <b>TEQUESTA FL 33469</b> <b>US</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>212 North US Highway One</b> Suite, Apt. #, etc. <b>Suite 17</b> City & State Zip Country		3. New Mailing Office Address, If Applicable <b>212 North US Highway One</b> Suite, Apt. #, etc. <b>Suite 17</b> City & State Zip Country		4. Date Incorporated or Qualified To Do Business in Florida <b>07/25/1995</b>  5. FEI Number <b>65-0803981</b> Applied For Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip		
D	EATON, TIMOTHY J	212 NORTH U.S. HIGHWAY 1, SUITE 17	TEQUESTA FL 33469		
D	ABDELLA, LEO F	212 NORTH U.S. HIGHWAY 1, SUITE 17	TEQUESTA FL 33469		
D	HODGE, BRUCE A	212 NORTH U.S. HIGHWAY 1, SUITE 17	TEQUESTA FL 33469		
<div style="text-align: right; font-size: 2em; font-family: cursive;">  </div>					
8. Name and Address of Current Registered Agent <b>MURPHY, EUGENE W JR.</b> <b>340 ROYAL PALM WAY, SUITE 100</b> <b>PALM BEACH FL 33480</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		
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 <u>Eugene W. Murphy</u> Date <u>10-27-99</u> <div style="text-align: center;">REGISTERED AGENT MUST SIGN</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.					
SIGNATURE: <u>Bruce A. Hodge</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date <u>10/23/99</u> Daytime Phone # <u>561-745-2917</u>		

CR20040 (8/99)