


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<p><b>APPLICATION FOR REINSTATEMENT</b></p>		<p>FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS</p>	<p>APPROVED AND FILED</p> <p>97 AUG -4 AM 8:28</p> <p>SECRETARY OF STATE TALLAHASSEE, FLORIDA</p>
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**DOCUMENT #** NA5000004692

1. Corporation Name  
Historical Foundation of Palm Beach County, Inc.

Principal Place of Business	Mailing Address
400 No. Dixie Highway West Palm Beach, Florida 33401	
If above addresses are incorrect in any way, line through incorrect information and enter correction below.	

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

DO NOT WRITE IN THIS SPACE

4. Date Incorporated or Qualified To Do Business in Florida  
**October 5, 1995**

5. FEI Number  
**65-0631603**

6. CERTIFICATE OF STATUS DESIRED  \$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)			
1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4. City, State, and Zip
P/D	Dr. Reginald Stambaugh	400 N. Dixie Highway	West Palm Beach, FL 33401
D	Ted Brown	400 N. Dixie Highway	West Palm Beach, FL 33401
S/D	Michael Bornstein	400 N. Dixie Highway	West Palm Beach, FL 33401
D	Lawrence Corning	400 N. Dixie Highway	West Palm Beach, FL 33401
T	Mark Elhilo	400 N. Dixie Highway	West Palm Beach, FL 33401

8. Name and Address of Current Registered Agent

David L. Perry, Jr., P.A.  
625 No. Flagler Drive  
7th Floor  
West Palm Beach, Florida 33401

9. Name and Address of New Registered Agent

Name: Karen Borchers  
Street Address (P.O. Box Number is Not Acceptable): 400 N. Dixie Highway  
Suite, Apt. #, Etc.:  
City: West Palm Beach State: FL Zip Code: 33401

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: [Signature] Date: July 17, 1997

REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes  No  (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:** [Signature] July 17, 1997 (561)832-4053

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E040 (12/95)