

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		<div style="text-align: center;"> <b>APPROVED AND FILED</b> </div> <div style="text-align: center;"> <b>97 AUG -4 AM 8:28</b> </div> <div style="text-align: center;"> <b>SECRETARY OF STATE TALLAHASSEE, FLORIDA</b> </div>	
<b>DOCUMENT #</b> <u>NA5000004092</u>				DO NOT WRITE IN THIS SPACE	
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 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 <div style="text-align: center;"> <b>October 5, 1995</b> </div>	
5. FEI Number <div style="text-align: center;"> <b>65-0631603</b> </div>		Applied For <input type="checkbox"/> 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 (Do NOT Use Post Office Box Numbers)			
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		
<div style="display: flex; justify-content: space-between;"> <span><b>REINSTATEMENT</b></span> <span><u>96-97</u></span> </div>					
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: <b>FL</b> 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: <u>K. Borchers</u> Date: <u>July 17, 1997</u> <div style="text-align: center;">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> <u>[Signature]</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			July 17, 1997    (561)832-4053 Date      Daytime Phone #		

CR2040 (12/95)