

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 OCT 17 PM 2:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N95000005973

1. Corporation Name

BLANCHE ELY HIGH CLASS OF 1970, INC.

Principal Place of Business 3333 WEST ATLANTIC BOULEVARD SUITE 16 POMPANO BEACH FL 33069	Mailing Address 2060 NW 6 AVENUE POMPANO BEACH FL 33060
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REINSTATEMENT 01

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable <u>2060 NW 6 Ave</u> Suite, Apt. #, etc.	3. New Mailing Office Address, If Applicable Suite, Apt. #, etc.	4. Date Incorporated or Qualified To Do Business in Florida 12/20/1995
City & State <u>Pompano - FL</u>	City & State	5. FEI Number 65-0629735
Zip <u>33060</u>	Country <u>USA</u>	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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	MALONE, BETTY	<del>3333 WEST ATLANTIC BOULEVARD SU</del> <u>2060 NW 6 Ave</u>	POMPANO BEACH FL <del>33069</del> <u>33060</u>
SD	THOMPSON, DIANA	<del>3333 W ATLANTIC BLVD. # 16</del> <u>2060 NW 6 Ave</u>	POMPANO BEACH FL <del>33069</del> <u>33060</u>
TD	DIXON, DALLAS	<del>3333 WEST ATLANTIC BOULEVARD SU</del> <u>2060 NW 6 Ave</u>	POMPANO BEACH FL <del>33069</del> <u>33060</u>
VD	MORRIS, RALPH	<del>3333 WEST ATLANTIC BOULEVARD SU</del> <u>2060 NW 6 Ave</u>	POMPANO BEACH FL <del>33069</del> <u>33060</u>
D	WRIGHT, WILLIE JAMES	<del>3333 WEST ATLANTIC BOULEVARD SU</del> <u>2060 NW 6 Ave</u>	POMPANO BEACH FL <del>33069</del> <u>33060</u>

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

THOMPSON, DIANA 2060 NW 6 AVENUE POMPANO BEACH FL 33060	Name
	Street Address (P.O. Box Number is Not Acceptable)
	Suite, Apt. #, Etc. 100023906481
	City 10/17/03 01054 007 State Zip Code FL

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.

Signature of Registered Agent [Signature] Date 10/13/03  
REGISTERED AGENT MUST SIGN

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: [Signature] Date 10/14/03  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E040 (7/03)