PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

	RPORATION STATEMENT	FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	FILED 2008 MAY 23 AM 8: 00
DOCUMENT # N9700001435 1. Corporation Name THE BARBARA AND NEAL HENSCHEL CHARITAGLE FOUNDATION, INC.			SECREDIT OF STATE TALLAHASSEE. FLORIDA
		₩08 — 23196 3. Mailing Office Address	REINSTATEMENT 05-08
2. Principal Office Address - No P.O. Box# 5834 NW 26 TH COURT		5834 NW 26th COURT	CR2E081 (12/07)
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
Luy & State City		City a State	4. Date Incorporated or Qualified To Do Business in Florida
1	RATON FL	BULA RATON FL	5. FEI Number Applied For Not Applicable
Zip	Country	Zip Country	6. C. \$9.75 Additional Formation
3349		33496 US	CERTIFICATE OF STATUS DESIRED for a Certificate of Status
7. Name and Address of Current Registered Agent Name			
NEAL HENSCHEL			The reinstatement fee is imposed, except in circumstances which the entity did not receive
Street Address (P.O. Box Number is Not Acceptable) 5834 NW 76 th COURT			the prior notices. By checking this box, you are certifying the prior notices were not
Suite, Apt. #, Etc.			received and requesting the reinstatement
City BOCA	+ RATON	State Zip Code FL 33496	fee be waived. 500130189605 05/23/0801036018 **245 00
8. I, being appointed the registered agent of the above named exporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S. Signature of Registered Agent REGISTERED AGENT MUST SIGN Date			
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
Titles	Name of Officers and/or Directors	Street Address of Eac Officer and/or Direct	
PTO	NEAL HENSCHEL	5834 NW 26th COURT BOLA RATION, FL	33496
SD	BMBARA HENSCHEL	5834 NW 26th COU	H BOLA RATON FL 33496
O	JEFFICEY HENSCHEL	5211 NW 37 " AVE	BULA 1/ATTON FL 33496
D	ANDREW HENSCHEI	_ 2000 NEZI COUN	T MHM1, FC 33179
D	BENJAMIN HENSCHE	L 22274 normine 6	locy Tellace BOLA RATON, FL.
10. 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 contained in Chapter 119, 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 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Datum Phone #			
Grand Citic And Three distributed in Article of Citics on direction , date Daytime Priorie #			