

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Kathrine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 OCT 10 AM 11:43

DOCUMENT # N98000000629

1. Corporation Name
Center for Policy in Higher Education

2. Principal Office Address
Plaza 1551 1551 Forum place

3. Mailing Office Address
Plaza 1551 1551 Forum place

Suite, Apt. #, etc.
Bldgs 200-400

Suite, Apt. #, etc.
Bldgs 200-400

4. Date Incorporated or Qualified To Do Business in Florida
2-2-98

City & State
WEST PALM BEACH FL

City & State
WEST PALM BEACH FL 33401

5. FEI Number
65-0810604

Zip
33401

Country
Palm Beach

Zip
33401

Country

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
DANIEL BAKST 200004651572--0
-10/24/01--01041-006

Street Address (P.O. Box Number is Not Acceptable)
1551 Forum Place PLAZA 1551 ****236.25 ****36.25

Suite, Apt. #, Etc.
Bldgs 200-400

City
WEST PALM BEACH

State
FL

Zip Code
33401

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent _____ Date _____

REGISTERED AGENT MUST SIGN

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 Each Officer and/or Director	City / State / Zip
D/P	DAREN BAKST	3502 Astoria Rd	Kensington MD 20895
D	DANIEL BAKST	1551 Forum place Plaza 1551 Bldgs 200-400	WEST PALM BEACH FL 33401
D	WILLIAM MOSS	119 Gregory Place	WEST PALM BEACH FL 33405
UP	Flaine BAKST	1551 Forum place Plaza 1551 Bldgs 200-400	WEST PALM BEACH FL 33401

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 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: Flaine Bakst UP 10-9-01 5616405762

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

FLAINE BAKST

CFR2081 (9/00)