

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

02 SEP 12 AM 11:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *N98000005343*

1. Corporation Name

C.L.A.S.S. of Palm Beach County, Inc.

600007827916--7
-09/18/02--01034--012
****420.00 ****420.00

2. Principal Office Address

241 N.W. 9th AVENUE

Suite, Apt. #, etc.

3. Mailing Office Address

241 N.W. 9th AVENUE

Suite, Apt. #, etc.

City & State

DELRAY BEACH, FL

Zip

33444

Country

US

City & State

DELRAY BEACH, FL

Zip

33444

Country

US

REINSTATEMENT 99-02

4. Date Incorporated or Qualified
To Do Business in Florida

1998

5. FEI Number

650865374

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

FRANCES CARTER

Street Address (P.O. Box Number is Not Acceptable)

241 N.W. 9th AVENUE

Suite, Apt. #, Etc.

City

DELRAY BEACH

State

FL

Zip Code

33444

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

Frances Carter

Date

9/10/02

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
<i>P/D</i>	<i>LILLIE STRAINGE</i>	<i>312 N.W. 10th AVENUE</i>	<i>DELRAY BEACH, FL 33444</i>
<i>V/D</i>	<i>LAWRENCE STRAINGE JR.</i>	<i>344 S.W. 8th AVENUE</i>	<i>DELRAY BEACH, FL 33444</i>
<i>S/D</i>	<i>VIOLA FASHAW</i>	<i>2121 S.E. DORSON WAY</i>	<i>DELRAY BEACH, FL 33444</i>
<i>T/D</i>	<i>RICHARD DOBARD</i>	<i>228 N.W. 9th AVENUE</i>	<i>DELRAY BEACH, FL 33444</i>
<i>FIN S</i>	<i>LILLIE MITCHELL</i>	<i>3513 BLVD. CHATELAINE LN</i>	<i>DELRAY BEACH, FL 33444</i>

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:

Frances Carter

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/10/02 (561) 278-8422

Date

Daytime Phone #

9/12/02