

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 JAN 27 PM 2:44

DOCUMENT # N98000005343

1. Corporation Name

C.L.A.S.S OF PALM BEACH COUNTY INC

2. Principal Office Address

241 NW 9TH AVE

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

DELRAY BEACH

City & State

Zip

33444

Country

USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

09/14/1998

5. FEI Number

65-0865374

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

CARTER FRANCES

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

241 NW 9TH AVE

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

REGISTERED AGENT MUST SIGN

Date

Jan. 24, 2006

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
PD	STRAINGE, LILLIE	312 NW 10TH AVE	DELRAY BEACH, FL 33444
SD	FASHAW, VIOLA	2121 SE DORSON WAY	DELRAY BEACH, FL 33444
FS	MITCHELL, LILLIE	3513 BLVD CHATELAINE LN	DELRAY BEACH, FL 33444
D	CARTER, FRANCES	241 NW 9TH AVE	DELRAY BEACH, FL 33444

W. Williams JAN 27 2006

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:

Frances Carter

Jan. 24 2006 (561) 278-8422