PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED
02 OCT -4 PM 2:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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-10/09/02--01058--007
****122.50 ****122.50

DOCUMENT # N99000002331

1. Corporation Name
CONQUER FRAGILE X, INC.

2. Principal Office Address
450 ROYAL PALM WAY
Suite, Apt. #, etc.
#400
City & State
PALM BEACH FL
Zip 33480 Country US

3. Mailing Office Address
Suite, Apt. #, etc.
City & State
Zip Country

4. Date Incorporated or Qualified To Do Business In Florida

5. FEI Number 65-0910605 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 ADRIENNE H. GRIFFIN
Street Address (P.O. Box Number is Not Acceptable) 450 ROYAL PALM WAY
Suite, Apt. #, Etc. 400
City PALM BEACH State FL Zip Code 33480

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: Adrienne H. Griffin Date: 9/14/02
REGISTERED AGENT MUST SIGN

CR2E081 (3/91)

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
Pres	HARRIS N. HOLLIND	450 ROYAL PALM WAY #400 D	PALM BEACH, FL 33480
Secy	ADRIENNE H. GRIFFIN	450 ROYAL PALM WAY #400 D	PALM BEACH, FL 33480
DIR	MITCHELL HOLLIND	1328 BEAUMONT DRD	GLADWYNNE, PA 19035

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: Adrienne H. Griffin ADRIENNE H. GRIFFIN 9/14/02 561-842-9219
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

JP 10/4/02

CONQUER FRAGILE X, INC.
450 ROYAL PALM WAY
SUITE 400
PALM BEACH, FL 33480
561-842-9219

September 5, 2002

Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

RE: Conquer Fragile X, Inc.
DOC # N99000002331
Request for removal of reinstatement fee

To whom it may concern:

We respectfully request the removal of the reinstatement fee because the organization had relocated and did not receive the proper forms for annual filing. We are including a check in the amount of $122.50 for the two years' fees for which we are delinquent. Thank you for your attendance to this matter.

Sincerely,

Adrienne H. Griffin

Adrienne H. Griffin
Secretary