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PLEASE READ	ALL INSTRUCTIONS BEFORE O	COMPLETING THIS FORM.
CORPORATION REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	FILED 05 JAN 26 PM 2:48
DOCUMENT # 19900003777		SECRETANI 11 DIATE 1TALLAHADSEF, FLORIDA
LODGE OF NOAH'S ARK OF DELRAY BEACH, CORP		
2. Principal Office Address 386 SE 2 nd AVE Suite, Apt. #, etc.	3. Mailing Office Address 5725 BOYNTON COVE WAY Suite, Apt. #, etc.	4. Date Incorporated or Qualified To Do Business in Florida
City & State DEL RAY BEACH, FL	City & State BOYNTON BEACH, FL.	5. FEI Number Applied For
DELRAY BEACH, FL Zip Country 33444 USA	Zip Country 33437 <i>USA</i>	6. CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee required for a Certificate of Status
Name		
Signature of Registered Agent Date 01/22/05 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	<u>1</u>	. City / State / Zip
D MARC FAREAU 5725 BOYNTONC		BOYNTON BEACH, F1, 33137
D MARC FAREAU BOYNTON BEACH, FL, 33137 D JOSEPH P. DEMESMIN 2751 NE 5th Court Boynton BEACH, FL 33135		
D. DENIS ST FORT 2000 N DIXIE HIGHWAY TO LAKE WORTH, FL 33460		
DESCRIPTION OF THE PROPERTY OF		
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 filling 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:		