


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>APPLICATION FOR REINSTATEMENT</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		<b>APPROVED AND FILED</b>  96 DEC 12 PM 12:00  SECRETARY OF STATE TALLAHASSEE, FLORIDA	
<b>DOCUMENT #</b> <u>P93000068601</u> <small>1 Corporation Name</small> <u>Institute of Broward</u> <u>INC</u>				DO NOT WRITE IN THIS SPACE	
<small>Principal Place of Business</small> <u>83 95 NE 2nd Ave</u> <u>MIAMI FL 33138</u>		<small>Mailing Address</small> (Same as Principal Place of Business)			
<small>If above addresses are incorrect in any way, line through incorrect information and enter correction below.</small>					
<b>2. New Principal Office Address, If Applicable</b> <small>Suite, Apt. #, etc.</small> <small>City &amp; State</small> <small>Zip</small> <small>Country</small>		<b>3. New Mailing Address, If Applicable</b> <small>Suite, Apt. #, etc.</small> <small>City &amp; State</small> <small>Zip</small> <small>Country</small>		<b>4. Date Incorporated or Qualified To Do Business in Florida</b> <u>9-27-93</u> <b>5. FEI Number</b> <u>65-0501491</u> <small>Applied For</small> <small>Not Applicable</small>	
				<b>6. CERTIFICATE OF STATUS DESIRED</b> <input checked="" type="checkbox"/> <small>Additional Fee required for a Certificate of Status</small>	
<b>7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)</b>					
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip		
1	2	3	4		
7	JEAN R. ELIASSAINT	900 NE 89 ST	MIAMI FL 33138		
✓	TINA PERRE	14735 NW 10 CT	MIAMI FL 33167		
<b>REINSTATEMENT</b> <u>1996</u> <u>G. Allan</u> <u>12/12/96</u>					
<b>8. Name and Address of Current Registered Agent</b> <u>ELIASSAINT, JEAN Reynolds</u> <u>900 NE 89 ST</u> <u>MIAMI FL 33138</u>			<b>9. Name and Address of New Registered Agent</b> <small>Name</small> <u>SAME</u> <small>Street Address (P.O. Box Number is Not Acceptable)</small> <u>400002031734--9</u> <small>Suite, Apt. #, Etc.</small> <u>12/18/96-01003-001</u> <u>***1551.25 ***383.75</u> <small>City</small> <small>State</small> <u>FL</u> <small>Zip Code</small>		
<b>10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.</b> <small>Signature of Registered Agent</small> <u>[Signature]</u> <small>Date</small> <u>12-12-96</u> <small>REGISTERED AGENT MUST SIGN</small>					
<b>11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes.</b> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> (See other side for information on intangible tax.)					
<b>12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.</b> <u>[Signature]</u> <u>ELIASSAINT JEAN Reynolds</u> <u>12/12/96</u> <small>SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> <small>Date</small> <small>Daytime Phone #</small> <u>(305) 7560751</u>					

CRE040 (12/95)