PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

97 APR

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
97 NOV 17 AM 11:11
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P96000064445

1. Corporation Name

PALM BEACH VOCATIONAL INSTITUTE, INC.

Principal Place of Business	Mailing Address
639 EAST OCEAN AVE. SUITE 402 BOYNTON BEACH FL 33435	639 EAST OCEAN AVE. SUITE 402 BOYNTON BEACH FL 33435

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc.	Suite, Apt. # etc. P.O. Box 1577
City & State	City & State Boynton Beach
Zip / Country	Zip 33425 / Country Palm Beach

4. Date Incorporated or Qualified To Do Business in Florida: 07/31/1996

5. FEI Number: 65-0707673 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
D	IIAMES, MICHAEL	656 NW 1ST AVE	BOYNTON BEACH FL 33426
D	MORLEY, DEBORAH	639 EAST OCEAN AVE. S-402	BOYNTON BEACH FL 33435
D	KELLY, KAREN	639 EAST OCEAN AVE. S-402	BOYNTON BEACH FL 33435

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****165.00 ****165.00

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
KELLY, KAREN 639 EAST OCEAN AVE. SUITE 402 BOYNTON BEACH FL 33435	Name: Karen Kelly Street Address (P.O. Box Number is Not Acceptable): 639 E. Ocean Ave. Suite, Apt. #, Etc.: Suite 302 City: Boynton Beach / State: FL / Zip Code: 33436

CR2E040 (8/97)

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.

Signature of Registered Agent: Karen J Kelly (REGISTERED AGENT MUST SIGN) Date: 10-28-97

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes ☐ No ☐ (See other side for information on intangible tax.)

12. 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: Deborah Morley Vice Pres. Deborah Morley 10-28-97 561 736 1425
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #