APPLICATION FOR 99 REINSTATEMENT

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

FILED
99 DEC 10 PM 12:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000099751

1. Corporation Name
BARRINGTON UNIVERSITY, INC.

Principal Place of Business
2300 WEST SAMPLE ROAD
SUITE 310
POMPANO BEACH, FL 33073

Mailing Address

REINSTATEMENT 99 SP

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

2. New Principal Office Address, If Applicable
Suite, Apt. #, etc.
City & State
Zip Country

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

4. Date Incorporated or Qualified To Do Business in Florida 12/01/98

5. FEI Number 65-0878578 Applied For Not Applicable

6. CERTIFICATE OF STATUS DESIRED $8.75 Additional Fee is 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 |
|---|---|---|---|
| PSTD | BETTINGER, STEVEN | 2300 WEST SAMPLE ROAD | POMPANO BEACH, FL 33073 |
| | | SUITE 310 | |
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8. Name and Address of Current Registered Agent
AMERILAWYER
343 ALMERIA AVENUE
CORAL GABLES, FL 33134

9. Name and Address of New Registered Agent
Name: ROBERT BETTINGER
Street Address (P.O. Box Number is Not Acceptable): 2300 WEST SAMPLE ROAD, SUITE 310
Suite, Apt. #, Etc.
City: POMPANO BEACH
State: FL Zip Code: 33073

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: [signature] Date: DECEMBER , 1999
REGISTERED AGENT MUST SIGN
ROBERT BETTINGER

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes [X] 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.

BARRINGTON UNIVERSITY, INC.

SIGNATURE: [signature] STEVEN BETTINGER, PRESIDENT DECEMBER , 1999
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

Daytime Phone #
FAX: 561-994-4363
OFF: 561-994-4446

CR2E044 (12/98)