

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION FOR REINSTATEMENT



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

FILED

96 DEC -4 PM 3: 47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 347885

1 Corporation Name

POMPANO BEACH COMMUNITY DEVELOPMENT COMPANY, INC



Principal Place of Business
1500 NW 3RD AVE.
POMPANO BEACH FL 33060
US

Mailing Address
1500 NW 3RD AVE.
POMPANO BEACH FL 33060
US

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

REINSTATEMENT

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

4. Date Incorporated or Qualified To Do Business in Florida		06/13/1969
5. FEI Number	59-1367459	Applied For
		Not Applicable
6. CERTIFICATE OF STATUS DESIRED		<input checked="" type="checkbox"/> \$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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PD	TAYLOR, CALVIN	1867 12TH FAIRWAY	WEST PALM BEACH FL
SD	GORDON, ANNA W	1571 NW 4TH AVE	POMPANO BEACH FL
TD	HAWKINS, VERA W.	RT. 1 BOX 218	ROCK HALL MD
			300002022529--9 -12/06/96--01987--009 ****383.75

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
GORDON, ANNA W. 1571 N.W. 4TH AVENUE POMPANO BEACH FL 33060		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		Suite, Apt. #, Etc.	
		City	State FL
		Zip Code	

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: Anna W. Gordon REGISTERED AGENT MUST SIGN

Date: Nov. 26, 1996

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. 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: Anna W. Gordon Secretary

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: Nov. 26, 1996

Daytime Phone: 954-781-1285