


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 SEP 18 PM 3:44

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

REINSTATEMENT

**DOCUMENT #** 727028  
1. Corporation Name  
Tamarac Business Association, Inc.

<b>2. Principal Office Address</b> One East Broward Blvd Suite, Apt. #, etc. #1501 City & State Fort Lauderdale, FL Zip 33301 Country U.S.		<b>3. Mailing Office Address</b> One East Broward Blvd Suite, Apt. #, etc. #1501 City & State Fort Lauderdale, FL Zip 33301 Country U.S.	
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**4. Date Incorporated or Qualified To Do Business in Florida** July 25, 1973

**5. FEI Number** 86-1081054  
Applied For  
 Not Applicable

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

**7. Name and Address of Current Registered Agent**

Name  
Peter M. Hodkin

Street Address (P.O. Box Number is Not Acceptable)  
One East Broward Blvd  
Suite, Apt. #, Etc.  
#1501

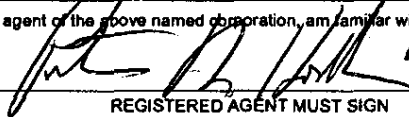
City  
Fort Lauderdale

State  
FL

Zip Code  
33301

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09/22/03--01053--018 \*\*306.25

**8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.**

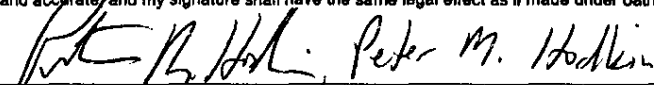
Signature of Registered Agent  REGISTERED AGENT MUST SIGN

Date 9/17/03

**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	Street Address of Each Officer and/or Director	City / State / Zip
D	Peter M. Hodkin	One East Broward Blvd. Suite 1501	Fort Lauderdale, FL 33301
D	Madalyn Rosen	One East Broward Blvd. Suite 1501	Fort Lauderdale, FL 33301
D	Erica McFadden	One East Broward Blvd. Suite 1501	Fort Lauderdale, FL 33301

**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 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:  Peter M. Hodkin

Date 9/17/03

Daytime Phone # (954) 486-8100

CR2E001 (10/02)

9/18/03