

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 DEC 27 PM 1:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 733592

1. Corporation Name

Friends of Broward County Library

REINSTATEMENT 03-05

2. Principal Office Address

100 S. Andrews Ave.

3. Mailing Office Address

100 S. Andrews Ave.

Suite, Apt. #, etc.

8th Floor

Suite, Apt. #, etc.

8th Floor

City & State

Ft. Laud. FL

City & State

Ft. Laud. FL

Zip

33301

Country

USA

Zip

33301

Country

USA

CR2E081 (8/05)

4. Date Incorporated or Qualified
To Do Business in Florida

1975

5. FEI Number

59-2214644

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

John Reynolds

Street Address (P.O. Box Number is Not Acceptable)

100 S. Andrews Ave.

Suite, Apt. #, Etc.

300063541273

01/12/06--01009--017 ***36 .50

City

Ft. Lauderdale

State

FL

Zip Code

33301

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

John Reynolds

REGISTERED AGENT MUST SIGN

Date

Dec. 20, 2005

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
President	Evelyn Grooms	100 S. Andrews Ave.	Ft. Laud. FL 33301
Treasurer	John Reynolds	100 S. Andrews Ave.	Ft. Laud. FL 33301
Secretary	Marlene Lee	100 S. Andrews Ave.	Ft. Laud. 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:

Marlene Lee MARLENE LEE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12/21/05

Daytime Phone #

954-357-7417