

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 741020

1. Corporation Name

Plantation Historical Society, Inc.

2. Principal Office Address

511 North Fig Tree Lane

Suite, Apt. #, etc.

City & State

Plantation, FL 33317

Zip

33317

Country

USA

3. Mailing Office Address

511 North Fig Tree Lane

Suite, Apt. #, etc.

City & State

Plantation, FL 33317

Zip

33317

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

12/12/77

5. FEI Number

59-1807194

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required  
for a Certificate of Status

REINSTATEMENT 78-06

CR2E081 (8/05)

FILED

06 JAN 31 PM 5:11

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

7. Name and Address of Current Registered Agent

Name

Rosemary Schafer

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

511 North Fig Tree Lane

Suite, Apt. #, Etc.

City

Plantation, FL

State

FL

Zip Code

33317

100065568551

02/10/06--01022--021 \*\*191.25

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

*Rosemary Schafer*  
REGISTERED AGENT MUST SIGN

Date 1/20/06

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
Pres.	Elaine Javetz	9875 NW 2nd Street	Plantation, FL 33324
1st VP	Miki Ostendorf	281 SW 57th Avenue	Plantation, FL 33317
2nd VP	Betty Gobb	5681 SW 6th Street	Plantation, FL 33317
Rec.S.	Margaret Haligowski	6701 SW 20th Street	Plantation, FL 33317
Cor.S.	Betty Fitzpatrick	9835 NW 1st Court	Plantation, FL 33324
Treas.	Mary Sliza	574 NW 97th Avenue	Plantation, FL 33324

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:

*Elaine Javetz*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/19/06 (954) 797-2722  
Date Daytime Phone #