

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



**CORPORATION
REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 DEC 10 AM 10:34

DOCUMENT #

769100

1. Corporation Name

Habitat for Humanity of Broward
Inc.

REINSTATEMENT of
Non-Profit Corporation

2. Principal Office Address

3564 N. OCEAN Blvd.

3. Mailing Office Address

3564 N. Ocean Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

FORT LAUDERDALE, FL

City & State

Fort Lauderdale, FL

Zip

33308

Country

U.S.

Zip

33308

Country

US.

4. Date Incorporated or Qualified
To Do Business in Florida

6/24/1983

5. FEI Number

592320573

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

HEATHER CALLAHAN

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

3564 N. OCEAN Blvd.

Suite, Apt. #, Etc.

City

Fort Lauderdale.

State

FL

Zip Code

33308

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. 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/T	Cecilio Rodriguez	1515 Perimeter Road	West Palm Bch, FL 33406
C/D	NANCY DALY	401 Idelwyld DR	Fort Lauderdale, FL 33301
VP/D	KATHY CRAVEN	2657 NE 34th St	Fort Lauderdale, FL 33306

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:

Nancy O. Daly

NANCY DALY 12-5-01 (954)396-3030

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E001 (9/00)