

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

09 OCT 15 AM 8:44

DOCUMENT # **N03000000785**

1. Corporation Name
**SOUTH BROWARD LODGE, No. 2880
BENEVOLENT AND PROTECTIVE ORDER OF ELKS
OF THE UNITED STATES OF AMERICA, INC.**

800161775398
10/15/09--01005--012 **297.50

REINSTATEMENT 08-09 KS

2. Principal Office Address - No P.O. Box # 6691 PEMBROKE RD.		3. Mailing Office Address 6282 WINFIELD BLVD	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State PEMBROKE PINES FL		City & State MARGATE FL	
Zip 33023	Country USA	Zip 33063	Country USA

4. Date Incorporated or Qualified To Do Business in Florida 5/4/2005	
5. FEI Number 651170003	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$6.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent

Name
BORRIE, CHARLOTTE J., ESQ

Street Address (P.O. Box Number is Not Acceptable)
2125 E ATLANTIC BLVD.

Suite, Apt. #, Etc.

City
POMPAHO BEACH

State
FL

Zip Code
33062

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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
[Signature]

REGISTERED AGENT MUST SIGN

Date **10-2-09**

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P/D	VINCENT P. COMO	2042 NW 104 th AVE	CORAL SPRINGS FL 33071
V/D	GERALD J. MAHER	7703 NW 18 th CT.	MARGATE FL 33063
S/D	NORMAN MANDEL	6282 WINFIELD BLVD	MARGATE FL 33063

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 contained in Chapter 119, 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: *[Signature]* **NORMAN MANDEL** **10/2/09** **954-971-3956**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #