PLEASE READ AL	L INSTRUCTIONS	BEFORE C	OMPLETI	ING THIS FOF	 RM.
FLORIDA DEPARTMENT OF STATE  Sandra B. Mortham  Secretary of State			PLED		
DOCUMENT # N15234			98 MAY 13 PH 12: 49		
DOCUMENT # N15234  1. Corporation Name			SECNO NO APPENDICATION CRIDA		
THE BROWARD COUNTY FILM SOCIETY, INC.			TALLAS PER CEIDA		
	Mailing Address		1 (84)(94) 68	( 11 <b>56) 2</b> 1110 4100 31111 6161 616	il Billi Biğir Giğir Billir Gilbir ebb:
	FT. LAUDERDALE FL 33304				
600 East Las Olas Blvd 1402 E Las Olas #007			* *************************************		ı aratı dığız biğil dibil diğil 1801
Ft Lauderdale FL 33301 Ft Lauderdale FL 33301 If above addresses are incorrect in any way, line through incorrect information and enter correction below.					
New Principal Office Address, If Applicable 3.	plicable 3. New Mailing Office Address, If Applic		4. Date Incorpo	orated or Qualified ess in Florida	0010014000
00 E Las Olas Blvd 1402 E Las Olas te, Apt. #, etc.		S			06/02/1986
City & State Ci	007 ty & State	5. FEI Nur		59-2701676	Applied For Not Applicable
	t Lauderdale 1	ν	6.	OF STATUS DECIDES ET	\$8.75 Additional Fee required
		ŠA		OF STATUS DESIRED 🔀	for a Certificate of Status
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporation  Name of Officers Street and/or Directors Office Office		eet Address of Each	···	Cib	/ Chata / Zin
1 2 3 (Do NO PD MILLER, VIRGINIA I: 1701 SE 8714		ficer and/or Director se Post Office Box No		4	/ State / Zip
		roward Bly		Ft. Lauderdale F	
TD MORNELL, GAIL— 3849 W. O		DAKLAND PARK-BLVD.		Ft Lauderdale 33301	
EDGEMON, JAMIE 5821 NE SD WENTWORTH, ELIZABETH 200 E. LAS O					
		E-LAS OLAS BLVD. STE 1850 - 0 E Las Olas STE 1900		Ft Lauderdale FL 33301	
(5)					
Pres/D VON HAUSCH, GREGORY 1402 E L		as Olas #0	s Olas #007 Ft Lauderdale FL 33301		
				,	
				50	18-98
Name and Address of Current Registered Agent     Name			9. Name and Address of New Registered Agent		
MOTLEY, SUSAN			6 B W T		
220 E. BROWARD BLVD. 15TH FLOOR FT. LAUDERDALE FL 33301	Street Address (P.O. Box Number is Not Accenteble) 286549				
		Sulte, Apt. #, Etc.		*****70.0	0 ******70.00
City			State Zip Code		
10. I, being appointed the regimered agent of the above na	fond corporation, am familiar wi	th and accept the obli	igations of Sectio	n 607.0505, F.S.	
Signature of Registered Agent REGIST	ERED AGENT MUST SIGN		·	Date <u>5-8</u>	-98
11. This corporation owes or has p Intangible Personal Property to		ar Yes 🗹	No 🗌		r side for information ntangible tax.)
12. I certify that I am an officer or director or the receiver or this reinstatement application, the reason for dissolution owed by the corporation have been paid and the name on this application is true and accurate, and my signature.	i has been eliminated, the corpo s of individuals listed on this forr	rate name satisfies th m do not qualify for ar	ne requirements on n exemption unde	of section 607 0401 or 61	7 0401 F.S. that all fees
SIGNATURE: Jamie Edgemon, Signature and Typed on Printed	Treasurer An	me de	Emn	May 10, 199	8 954 - 760 - 969