

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED

02 JUL -1 PM 1:29

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **N42274**

1. Corporation Name

BROWARD COUNTY LEAGUE OF CITIES, INC.

600006233426--7

-07/05/02--01083--029

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Principal Place of Business Mailing Address
 115 S ANDREWS AVE 115 S ANDREWS AVE
 RM 122 RM 122
 FT LAUDERDALE FL 33301 FT LAUDERDALE FL 33301

REINSTATEMENT 01-02

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		02/26/1991	
City & State		City & State		5. FEI Number	
Zip		Country		59-1590523	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	
				\$8.75 Additional Fee required for a Certificate of Status	

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	GOLDSMITH, SAM <i>Gwyndolen Clarke-Reed</i>	4800 W. COPANS ROAD <i>150 NE 2 Ave</i>	COCOANUT CREEK FL <i>Deerfield Beach FL 33441</i>
VD	BECK, EUGENE <i>Steven Ferenc</i>	4900 NW 30TH ST <i>10770 W Oakland Park Blvd</i>	LAUDERDALE FL <i>Seville FL 33351</i>
PD	MOORE, CARLTON	100 N. ANDREWS AVENUE	FORT LAUDERDALE FL
TD	MARKS, ROBERT	6500 PARKSIDE DR	PARKLAND FL
VPD	BERK, MAUREEN	9551 SAMPLE RD	CORAL SPRINGS FL 33085
VPB	FIGORE, JOHN	524 NE 21 COURT	WILTON MANORS FL 33365

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
JOSIAS, STEVEN L 3099 E COMMERCIAL BLVD SUITE 200 FT LAUDERDALE FL 33308		Name: <i>Sam Goren</i> <i>Goren, Cheroff et al.</i> Street Address (P.O. Box Number is Not Acceptable): <i>3099 E. Commercial Blvd.</i> Suite, Apt. #, Etc.: <i>Suite 200</i> City: <i> Ft. Lauderdale</i> State: FL Zip Code: 33308	

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent: *[Signature]* REGISTERED AGENT MUST SIGN

Date: *5/30/02*

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11. 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: *Gwyndolen A. Clarke-Reed* Date: *5-30-02* Daytime Phone #: *954-357-7570*

CR2E040 (8/01)