

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**FILED**

2006 SEP 29 PM 12:55

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**REINSTATEMENT** 05-06

CR2E081 (12/05)

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N42274

1. Corporation Name

BROWARD COUNTY LEAGUE OF CITIES, INC.

2. Principal Office Address  
115 S. Andrews Avenue

3. Mailing Office Address  
3099 E. Commercial Boulevard

Suite, Apt. #, etc.  
Room 122

Suite, Apt. #, etc.  
Suite 200

City & State  
Fort Lauderdale, FL

City & State  
Fort Lauderdale, FL

Zip  
33301

Country  
Browrd

Zip  
33308

Country  
Broward

4. Date Incorporated or Qualified  
To Do Business in Florida 02/26/1991

5. FEI Number  
59-1590523

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  
Samuel S. Goren

Street Address (P.O. Box Number is Not Acceptable)  
3099 E. Commercial Boulevard

Suite, Apt. #, Etc.  
Suite 200

City  
Fort Lauderdale

State Zip Code  
FL 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

*Samuel S. Goren*

Date 09/28/2006

REGISTERED AGENT MUST SIGN

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
p	Lori Moseley	2300 Civic Center Place	Miramar, FL 33025
vp	Joy Cooper	400 S. Federal Highway	Hallandale Beach, FL 33009
vp	Margaret Bates	3800 Inverrary Blvd.	Lauderhill, FL 33319
s	Gary Resnick, Esquire	524 N.E 21st Court	Wilton Manors, FL 33305
t	Steven B. Feren	10770 W. Oakland Park Blvd.	Sunrise, FL 33351

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10/03/06 01020 015 17000.25

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:

*Steven B. Feren*

Steven B. Feren

09/28/2006

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

9/29/06