

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 OCT 12 AM 10:33

**CORPORATION
REINSTATEMENT**



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

DOCUMENT # NA4000004011

1. Corporation Name

HUMAN RESOURCE ASSOCIATION OF BROWARD COUNTY, INC.

2. Principal Office Address

P O BOX 9623

Suite, Apt. #, etc.

City & State

FT LAUDERDALE, FL

Zip
33310

Country
USA

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT

9801

4. Date Incorporated or Qualified
To Do Business in Florida

9-19-94

5. FEI Number

65 0319346

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

JIM GALLO

800004652128

-10/25/01-01001-023

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

SERVICE AMERICA 515 NW 12TH AVENUE

****420.00 ****420.00

Suite, Apt. #, Etc.

City

DEERFIELD BEACH

State
FL

Zip Code
33442

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 8/27/01

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	MARILYN DURANT - D	BURKE DURANT & ASSOC. 2600 N MILLITARY TR#410	BOCA RATON, FL 33428
V	JIM GALLO - D	SERVICE AMERICA 515 NW 12TH AVENUE	DEERFIELD BEACH, FL 33442
S	ANA BAKER - D	HILEL COMM. DAY SCHOOL 19000 NE 25TH AVE	N. MIAMI BCH, FL 33180
T	DEBBIE SMOLEN - D	DYNO MERCHANDISE 1571 W COPANS RD #105	POMPANO BCH, FL 33064

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (8/00)