

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

97 DEC 22 AM 10:38

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT # N95000004619

1. Corporation Name

The South Florida Tourism Council

Principal Place of Business

Mailing Address

101 NORTH RIVERSIDE DRIVE #212A  
POMPANO BEACH, FL. 33062

REINSTATEMENT

97ad

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

9-28-1995

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-060421

Applied For  
Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED

\$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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
Dir.	Ralph Riehl	3321 E. Oaklark Blvd	FT. LAUDERDALE FL. 33008
V.P.	GREG GLASER	13 N. Pompano Blvd	Pompano Bch FL 33062
Dir.	DANIE STUDA	7300 E. Sample Rd.	Pompano Bch FL 33064
Dir.	GUS OLSEN	101 N. Riverside Dr	Pompano Bch FL 33062

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-12/26/97-01103-002  
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8. Name and Address of Current Registered Agent

Ralph Riehl  
101 N. RIVERSIDE DR. #212A  
POMPANO BCH FL 33062

9. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
Suite, Apt. #, Etc.  
City  
State FL Zip Code

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

Ralph Riehl

REGISTERED AGENT MUST SIGN

Date 12/15/97

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes  No

(See other side for information on intangible tax.)

12. 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:

Ralph Riehl

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/15/97

Date

954-946-7320

Daytime Phone #

CRP2040 (12/96)