

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



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

FILED

01 APR 16 PM 3:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N98000003369

1. Corporation Name
BROWARD COUNTY CHAMBER OF COMMERCE. INC.

Principal Place of Business	Mailing Address
3045 N. FEDERAL HIGHWAY SUITE 60 FT. LAUDERDALE FL 33306	3045 N. FEDERAL HIGHWAY SUITE 60 FT. LAUDERDALE FL 33306



REINSTATEMENT 00-01

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 06/11/1998	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 65-0841822	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	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	ZOLNOWSKI, LAWRENCE A	7050 SOUTHWEST 20TH STREET	FT LAUDERDALE FL 33317
STD	ZOLNOWSKI, TERESA E	7050 SOUTHWEST 20TH STREET	FT LAUDERDALE FL 33317
TRD	CAMACHO, LARRY	3045 N. FEDERAL HIGHWAY	FT. LAUDERDALE FL 33306
			LS
			600004077646--4
			--04/25/01--01066--007
			****297.50 ****297.50

8. Name and Address of Current Registered Agent

**WILLIAMS, LEVI G JR
FERTIG & GRAMLING
200 S.E. 13TH STREET
FT LAUDERDALE FL 33316**

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 *[Signature]* Date 4/11/01
REGISTERED AGENT MUST SIGN

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)(l), 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: *Lawrence A Zolnowski* Date 4/11/01 Daytime Phone # 954565-580
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E040 (8/00)