

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

**FILED**

01 APR 12 AM 11:44

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** P95000080577

**1. Corporation Name**

Florida Broadway, Inc.

**2. Principal Office Address**  
3495 S.W. 9th Avenue

**3. Mailing Office Address**  
3495 S.W. 9th Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**City & State**  
Ft. Lauderdale, FL

**City & State**  
Ft. Lauderdale, FL

**Zip Country**  
33315 USA

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33315 USA

**4. Date Incorporated or Qualified To Do Business in Florida**  
10/19/95

**5. FEI Number** 650614755  
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** Blanca Garcia

**Street Address (P.O. Box Number is Not Acceptable)** 3495 S.W. 9th Avenue

300004035203-8  
-04/20/01--01057--018  
\*\*\*\*300.DJ \*\*\*\*300.DJ

Suite, Apt. #, Etc.

**City** Ft. Lauderdale,

**State** FL **Zip Code** 33071 33315

**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** Blanca Garcia Blanca Garcia  
REGISTERED AGENT MUST SIGN

**Date** 4/3/01

**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
D/P	Andres Finol	3495 S.W. 9th Avenue	Ft. Lauderdale, FL 33315
VP S	Blanca Garcia	3495 S.W. 9th Avenue	Ft. Lauderdale, FL 33315
Asst. S	Jennifer Shaw	1401 University Drive #301	Coral Springs, FL 33071

**REINSTATEMENT 00-01**

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**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:**

Andres Finol 4-3-01  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 954-755-9880  
Daytime Phone #

CR2E081 (9/00)