

03-05 Reinst w/o penalty

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 JUL 26 PM 2:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name

NO2000000178
Florida Democratic Municipal Officials
Conference, Inc.

2. Principal Office Address

3701 N. Country Club Dr

Suite, Apt. #, etc.

1808

City & State

Aventura, Florida

Zip

33180

Country

USA

3. Mailing Office Address

3200 N. University Drive

Suite, Apt. #, etc.

208

City & State

Coral Springs, FL

Zip

33065

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

75-3132716

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

Scott S. Brock, Esquire

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

3200 N. University Drive

Suite, Apt. #, Etc.

Suite 208

City

Coral Springs

State

FL

Zip Code

33065

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

Scott S. Brock

REGISTERED AGENT MUST SIGN

Date

7/20/05

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
Pres	Donald K. Rogers	3200 NW 104 Avenue	Sunrise, FL 33351
V.P.	Frank Onders	1321 NW 114 Avenue	Pembroke Pines, FL 33026
Secy	Leanna Mirsky	6501 NW 54 Court	Lauderhill, FL 33319
Treas	Ken J. Cohen	3701 North Country Club Dr #1808	Aventura, FL 33180

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

7/20/05 934-749-4313

Daytime Phone #

*2003 Feants Returned by P.O. as undeliverable

CR2E081 (01/05)