

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # 347885

1 Corporation Name

POMPANO BEACH COMMUNITY DEVELOPMENT COMPANY, INC

FILED

96 DEC -4 PM 3: 47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
1500 NW 3RD AVE.
POMPANO BEACH FL 33060
US

Mailing Address
1500 NW 3RD AVE.
POMPANO BEACH FL 33060
US



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

REINSTATEMENT

06/13/1969

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number 59-1367459

Applied For

City & State

City & State

Not Applicable

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 |
|------------|-------------------------------------|---|----------------------|
| PD | TAYLOR, CALVIN | 1867 12TH FAIRWAY | WEST PALM BEACH FL |
| SD | GORDON, ANNA W | 1571 NW 4TH AVE | POMPANO BEACH FL |
| TD | HAWKINS, VERA W. | RT. 1 BOX 218 | ROCK HALL MD |
| | | | |
| | | | |
| | | | |

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****383.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

GORDON, ANNA W.
1571 N.W. 4TH AVENUE
POMPANO BEACH FL 33060

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

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

Anna W. Gordon
REGISTERED AGENT MUST SIGN

Date

Nov. 26, 1996

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:

Anna W. Gordon, Secretary
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Nov. 26, 1996 954-1285

Daytime Phone