JUN-02-99 WED 02:51 PM FAX NO. P. 02

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

74-99 AR

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

(DO NOT WRITE IN THIS SPACE)

FILED
99 JUN 11 PM 3:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Make Check Payable To *Department of State*

1. Name and Mailing Address of Corporation: DOCUMENT # 701438

FORT LAUDERDALE FIREMEN'S BENEVOLENT ASSOCIATION, INC.
309½S.W. 26th Street
Fort Lauderdale, FL 33315

1-A. If Address in Block 1 is incorrect in any way, enter the correct address below.

Address

City and State Zip Code

2. If Principal Office Address is different from mailing address, enter address below.

Address

REINSTATEMENT 74-99 AR

4. Date Incorporated or Qualified To Do Business in Florida	5. FEI Number	FEI Number Applied For / FEI Number Not Applicable	6. $8.75 Additional Fee required for a Certificate of Status / CERTIFICATE OF STATUS DESIRED ☑
9/17/60	59-6133784		

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
P/D	William Humphrey	3170 S.W. 19th Street	Fort Lauderdale, FL 33312
VP/D	Timothy Habig	2120 S.W. 52nd Terrace	Plantation, FL 33317
S/D	Robert Basic	1805 N. 46th Avenue	Hollywood, FL 33021
T/D	Ian Kemp	3288 N.W. 38th Street	Boca Raton, FL 33434

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-06/15/99--01070--023
*****8.75 *****8.75
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-06/15/99--01070--024
***1828.75 ***1828.75

REGISTERED AGENT INFORMATION

8. Name and Address of Current Registered Agent

William Humphrey
309½S.W. 26th Street
Fort Lauderdale, FL 33315

9. If changed, new registered agent's name

Name

Street Address (DO NOT Use P.O. Box Number)

Street Address (DO NOT Use P.O. Box Number)

City State Zip
FL

10. I hereby appointed the registered agent of the above named corporation. As a registered agent, I am familiar with and accept the obligations of Section 607.0500, F.S.

Signature of Registered Agent: [signature] Date: June 2, 1999
REGISTERED AGENT MUST SIGN

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box [X] (See other side for additional information)

12. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes [ ] No [X] (See other side for information on intangible tax)

13. 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 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., and that all fees owed by the corporation have been paid. 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 of Officer or Director: [signature] Date: June 2, 1999 Daytime Phone # 954-581-1649

Typed or printed name of signing officer or director: William Humphrey, President

6/14/99