

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

09 FEB -3 PM 5:28

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 701438

1. Corporation Name

Fort Lauderdale firefighters Benevolent  
Association Inc.

3.

000142711420  
02/03/09--01016--005 \*\*420.00

**REINSTATEMENT** 06-09

2. Principal Office Address - No P.O. Box #

309 1/2 SW 26 STREET

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Fort Lauderdale

City & State

Zip

FL

Country

BROWARD

Zip

33315

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

9/17/60

5. FEI Number

596133784

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

William Humphrey

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

309 1/2 SW 26 Street

Suite, Apt. #, Etc.

Fort Land

City

Fort Lauderdale

State

FL

Zip Code

33315

☐ The reinstatement fee is imposed, except in  
circumstances which the entity did not receive  
the prior notices. By checking this box, you  
are certifying the prior notices were not  
received and requesting the reinstatement  
fee be waived.

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

W. Humphrey

Date 1/28/09

REGISTERED AGENT MUST SIGN

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
PD	YURI GRIJALVA	5540 SW 3 St Plantation	FLORIDA 33317
VPD	MIKE SALZANO	1151 SW 2 STREET	BOCA RATON FL 33486
STD	William Humphrey	1961 SW 70 Terrace	Fort Lauderdale FL 33312

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 contained in Chapter 119, 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

Michael Salzano

1/28/09

Date

Daytime Phone #

954 6501741