

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 # 705794

1. Corporation Name  
FRIENDS OF THE LIBRARY OF FORT LAUDERDALE, FLORIDA, INC.

Principal Place of Business  
PO BOX 1359  
FT. LAUDERDALE FL 33302  
US

Mailing Address  
PO BOX 1359  
FT. LAUDERDALE FL 33302  
US

FILED  
97 DEC 15 AM 9:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



REINSTATEMENT 91

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

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business In Florida		06/24/1963	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number		59-6146417	
City & State		City & State		Applied For		Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		\$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
DP	BURGGRAF, CHRIS	2716 N.E. 26TH AVE.	FT. LAUDERDALE FL
DT	COONEY, MARY	6423-3 BAY CLUB DR.	FT. LAUDERDALE FL
D	CHADWICK, HELEN	1744 S.E. 9TH ST.	FT. LAUDERDALE FL
DVS	MARINA, LORRAINE	1607 SE 1 ST.	FT. LAUDERDALE FL
D	RICE, CHERYL T.	1920 S. OCEAN DR., #704	FT. LAUDERDALE FL

8. Name and Address of Current Registered Agent

RICE, CHERYL T  
1920 S OCEAN DR #704  
FT LAUDERDALE FL 33316

9. Name and Address of New Registered Agent

Name Robin Bradley  
Street Address (P.O. Box Number is Not Acceptable) 509 Riverview St  
Suite, Apt. #, Etc. Fort Lauderdale  
City Fort Lauderdale State FL Zip Code 33301

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 [Signature]  
REGISTERED AGENT MUST SIGN

Date 12-1-97

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. 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)(l), 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: Lorraine Marina Lorraine Marina 12-4-97 (954) 462-5812  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E040 (8/97)