		PLEASE RE	AD ALL INST	RUCTIONS	BEFOR	RE C	OMPLETI	NG THIS FORM.		X1 1
			FLORID	FLORIDA DEPARTMENT OF ST Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS				FILED	V	J ·
DOCUMENT # 708959 1. Corporation Name			8959				96 NOV 18 AM 9: 13			
BROW			BOAT HALFT	RACK AND	CONSE	RVA	TI	SECRETARY OF S TALLAHASSEE, FLO		
Principal Pla 3421 24TH FT, LAUDE US	AVENUE RDALE FL 33	999 1312	US	AVENUE DALE FL 33312	correction hal	low				
If above addresses are Incorrect In any way, line through incorr 2. New Principal Office Address, If Applicable 3. New				illing Office Address, If Applicable			Date Incorpor To Do Busine	rated or Qualified ess in Florida	5/06/19	965
Suite, Apt. #, etc. Suite, /			Suite, Apt. #	t. #, etc.			5. FEI Number		3,00,11	Applied For
City & State			City & State	City & State			59-1927780 No.		Not Applicable	
Zip		Country	Zip	Countr	у		CERTIFICATE			ional Fee required ificate of Status
7.∕¶Names a	and Street Ac	Idresses of Each Offic	er and/or Director (Fig							
Title(s)	Name of Officers and/or Directors 2		pers cors	Street Addre Officer and/r 3 (Do NOT Use Post O		of Each Director Box Numbers)		City / St	ale / Zip	
D	JERRY, (HL MARK	CRUZ	9510 AFFIRMEN 4251 SV	S SO	St	_	BOCATRATON FE F+ Lauden	dal	R, C1
D .	MOREHE T	AD, CHARLES III	rewton	323 NW 22ND		0 F	1VL	ECON PATON FL Ft. Lowder	dal	ve, cl
TD .	JOHNSON, HAROLD		17540 NW 20TH AVENUE 5875 SW 41		(\ S	49D	DAVIR, C		,	
SD	QUELLE	ITE, BARBARA		3421 24TH AVE	NUE		•	FT. LAUDERDALE FL		
								JB	1-6	010-00
	B. Nar	ne and Address of C	urrent Registered Ag	ent	Nome		9. Name and A	ddress of New Registered	Agent	
					Name;					

INTERLACHEN FL 32048	Suite	e, Apt. #, Etc.	-11/22/9601004003 *****61.25 *****61.25				
	City		State Zip Code				
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			Date				
	REGISTERED AGENT MUST SIGN						

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

Yes 🗌 No 🔲

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes.

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. t 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 rhade under oath.

KEYSER, TIMOTHY, ATTY

SIGNATURE: Mark A Cura MARK A. CRUZ 10.30-96 954-583-3753

SIGNATURE AND TYPER OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Dayline Phone #

(See other side for information on intangible tax.)

October 16, 1996

TO WHOM IT MAY CONCERN:

My name is Mark Cruz, President of The Broward County Airboat Halftrack and Conservation Club, Inc. I have been in contact with a person at the number enclosed to me. I explained that the notice of revocation was the first thing the club has received. I can assure you in January I will personally make sure this is done with or without a notice. The person I spoke with informed me that the reinstatement fee would be waived, If I explained that we never received any letters. The blame is not being put on your behalf, I am mearly saying that we never received it. The check will be in the mail for 1997 in January.

THINK YOU

Mark Cruz

P.S.
The New Officers are Listed Below

President: Mark Cruz 4251 S.W. 22 Str. Ft. Lauderdale, F1 33317 Vice-President: Jimmy Newton 2041 S.W. 50 Ave. Ft. Lauderdale, F1 Secretay: Barbara Ouellette 3421 S.W. 24 Ave Ft. Lauderdale, F1 Treasurer: Rose Burney 5875 S.W. 41 Str. #9D Davie, F1