

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # 709147

1. Corporation Name

BROWARD COUNTY CITIZENS SAFETY COUNCIL, INC.

Principal Place of Business

Mailing Address

2099 W PROSPECT RD.
FT. LAUDERDALE FL 33309

2099 W PROSPECT RD.
FT. LAUDERDALE FL 33309

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 OCT 18 PM 2:59



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

06/15/1965

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-1110631

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
TD	RICHSTONE, DAVID E	303 S.E. 17TH STREET	FT. LAUDERDALE FL 33316
SD	LINHART, TRACY D	3700 COMMERCE PARKWAY	MIRAMAR FL 33025
PE	MAY, DANIEL	777 AMERICAN EXPRESSWAY, SUITE 2	FT. LAUDERDALE FL 33337
PD	DEARING, RONALD J JR	777 S.W. 12TH AVE	DEERFIELD BEACH FL 33442
			600004658836--8 -10/30/01--01028--012 ****236.25 ****236.25

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MCANDREWS, MIMI K.
2099 W PROSPECT RD.
FT. LAUDERDALE FL 33309

Name

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

Suite, Apt. #, Etc.

City

State
FL

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

[Signature]

Date

REGISTERED AGENT MUST SIGN

11. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #