PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
99 NOV -8 PM 12:53

500003045985--8
-11/16/99--01080--002
****236.25 ****236.25

DOCUMENT # **710674**

1. Corporation Name

BROWARD COUNTY FLORIDA CHAPTER OF A. I. B., INC

Principal Place of Business	Mailing Address
550 MAIN BLVD. - SUITE #400 MARGATE FL 33063	550 MAIN BLVD. - SUITE #400 MARGATE FL 33063

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

REINSTATEMENT 95

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida: 04/06/1966

5. FEI Number: 59-1727879 ☐ Applied For ☐ Not Applicable

6. 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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	THOMPSON, JOSEPH E.	~~6600 TAFT STREET~~ 5854 S FLAMINGO RD	~~HOLLYWOOD FL 33024~~ DAVIE CITY FL 33330
V	PAUL, JAMES	~~501 41ST STREET~~ 1 SE 3RD AVE - STE 1440	~~MIAMI BEACH FL 33140~~ 33131
P	BERRYMAN, PAUL R.	501 E. LAS OLAS BLVD.	FT. LAUDERDALE FL 33301
D V	SANDERHOFF, SANDI	3841 NE 14TH AVE	POMPANO BEACH FL 33064
D	LUISO, ANGELO	~~501 LAS OLAS BLVD.~~ 2686 E OAKLAND PARK BLVD	~~FT. LAUDERDALE FL 33301~~ 33306
D	METZ, THERESA A.	~~666 NW 62ND ST.~~ 1425	FT. LAUDERDALE FL 33309

8. Name and Address of Current Registered Agent

BERRYMAN, DIANE C
550 N. STATE ROAD 7, SUITE 400
MARGATE FL 33063

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City | State: FL | Zip Code

CR2E040 (8/99)

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: Diane C. Berryman REQUIRED Date: 11/1/99

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: Paul R. Berryman REQUIRED 10/18/99 954-765-7307

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

PAUL R. BERRYMAN

0020087 AF