PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. Page 1 of 2

APPLICATION FOR

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

FILED
00 OCT 30 AM 9:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 716928

1. Corporation Name

BROWARD COUNTY COMMISSION ON ALCOHOLISM, INC.

Principal Place of Business	Mailing Address
200 SE 6TH ST #502 FT. LAUDERDALE FL 33301 US	200 SE 6TH ST #502 FT. LAUDERDALE FL 33301 US

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

04/12/00 90181 011 700

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: 07/29/1969

5. FEI Number: 59-1383875 ☐ 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
VPD	LURANA SNOW	FEDERAL COURTHOUSE, 299 E BROWAR	FT LAUDERDALE FL
TD	CALI, JAMES J	401 SE 3RD STREET	DANIA FL 33004
VD	ILONA M HOLMES	U S DEPT OF JUSTICE, 299 E BROWA	FT. LAUDERDALE FL
PD	WRIGHT, RONALD DR	200 SE 6TH ST STE 502	FT LAUDERDALE FL
D	BRASWELL, RICHARD L.	PO BOX 100354 N/A	FT LAUDERDALE FL

00 UBC 18

8. Name and Address of Current Registered Agent

BRADY, WALTER R
200 SE 6TH ST
STE 502
FT LAUDERDALE FL 33301

9. Name and Address of New Registered Agent

Name: DOUGLAS W. HUGHES
Street Address (P.O. Box Number is Not Acceptable): 200 SE 6th ST
Suite, Apt. #, Etc.: Ste 502
City: FT LAUDERDALE State: FL Zip Code: 33301

CR2E040 (8/00)

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: Douglas W. Hughes — Date: 10/23/00
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: James J. Cali JAMES J. CALI 10-23-00 (954) 831-8392
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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Broward County Commission on Alcoholism, Inc.

200 SE 6 Street, No. 502, Fort Lauderdale, FL 33301
(954) 763-4505 Fax (954) 525-6070
www.browardtraffic.org

October 27, 2000

Division of Corporations
Annual Report/Reinstatement Section
P.O. Box 6327
Tallahassee, Florida 32314-6327

Dear Sir or Madam:

Please find attached the application for reinstatement signed by the Executive Director and the Treasurer of the corporation.

We had previously filed the Uniform Business Report on March 17, 2000 and paid by check #3235 in the amount of $70.00 ($61.25 fee and $8.75 certificate status). On this form the Executive Director at the time (Karen Shelly) signed the form. Ms. Shelly left employment in the month of April 2000 (just 1 month after original filing).

Please accept the attached form with the correct signatures and our guarantee that this will not happen again.

It is with our sincerest hopes that the penalties will be waived and the corporation reinstated.

Thank you for your consideration in this matter.

Sincerely,

Douglas W. Hughes

Douglas W. Hughes
Executive Director