

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.

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
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
			0048878

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**

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
REGISTERED AGENT MUST SIGN

Date

10/23/00

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**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

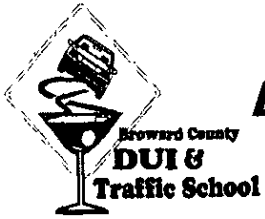
Date

10-23-00

Daytime Phone #

(954) 831-8392

CR2E040 (8/00)



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

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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.

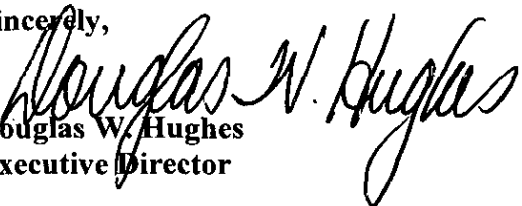
We had previously filed the Uniform Business Report on March 17, 2000 and paid by check #3235 in the amount of \$70.00 (\$61.25 fee and \$8.75 certificate status). On this form the Executive Director at the time (Karen Shelly) signed the form. Ms. Shelly left employment in the month of April 2000 (just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