


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1052

CORPORATION
1999-2000
VBR



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

FILED

00 OCT -6 PM 2:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 719580

1. Corporation Name

EVERGLADES POWER SQUADRON, INC.

2. Principal Office Address

13340 SW 119 Street

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33186-4572

Country

USA

3. Mailing Office Address

13340 SW 119 Street

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33186-4572

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

10/26/70

5. FEI Number

23-7105331

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Elliott I. Birnbaum

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

13340 SW 119 Street

Suite, Apt. #, Etc.

City

Miami,

State

FL

Zip Code

33186-4572

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of

Registered Agent

Elliott I. Birnbaum

REGISTERED AGENT MUST SIGN

Date 10/2/00

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD	Lilliam N. Sidlosca	14701 SW 151 Terrace	Miami, FL 33196
VD	Albert C. Richard	4360 SW 108 Street	Miami, FL 33165
VD	Bernardo Argudin	11624 SW 101 Terrace	Miami, FL 33176
VD	Peter Mapes	13911 SW 122 Ave.#206	Miami, FL 33186
SD	Evelyn Nielsen	340 SW 31 Avenue	Miami, FL 33135
TD	Elliott I. Birnbaum	13340 SW 119 Street	Miami, FL 33186

10. 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:

Elliott I. Birnbaum

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/2/00

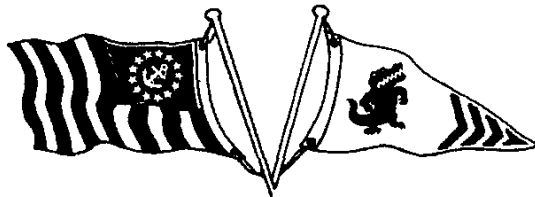
Date

(305) 385-1335

Daytime Phone #

CR2E081 (9/99)

EVERGLADES POWER SQUADRON



UNITED STATES POWER SQUADRONS

13340 S.W. 119 Street
Miami, FL 33186
October 2, 2000

FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Dear Secretary Harris:

Our organization, Everglades Power Squadron, Inc.; a unit of United States Power Squadrons, is a non-profit corporation organized under the laws of the State of Florida. The objectives of this organization is to provide, render, and encourage altruistic and civic service to the public on safety, navigation, and basic skills in handling powerboats and sailboats. We promote the study and art of seamanship, and dedicate our educational courses to rules and regulations involving safe boating on open waters. All of our classes are free and taught by non-paid volunteers. We support our organization entirely by membership dues.

Madam Secretary, we noticed, upon review of our records, that we did not receive any notices from the State of Florida to pay the annual filing fees for the years of 1999 and 2000. We, therefore, request that you waive the late fees associated with the filing for our non-profit corporation.

Your attention to this matter will be greatly appreciated.

Sincerely,

Elliott I. Birnbaum, Treasurer
Everglades Power Squadron

Enclosures:

- Check for \$122.50 (1999, 2000)
- Corporation Form