

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

05 JUL -6 AM 11:59

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 731667

1. Corporation Name

FRIENDS OF THE LIBRARY OF LAUDERDALE  
LAKES, FLORIDA, INC.

2. Principal Office Address

3521 NW 43 AVENUE

Suite, Apt. #, etc.

City & State

LAUDERDALE LAKES, FL

Zip Country  
33319

3. Mailing Office Address

3521 NW 43 AVENUE

Suite, Apt. #, etc.

City & State

LAUDERDALE LAKES, FL

Zip Country  
33319

REINSTATEMENT 98-05

4. Date Incorporated or Qualified  
To Do Business in Florida

01/21/1975

5. FEI Number

59-1745469

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$575 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

JOHN GORE

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

4401 NW 41 STREET

Suite, Apt. #, Etc.

203

City

LAUDERDALE LAKES

State

FL

Zip Code

33319

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

John Gore

REGISTERED AGENT MUST SIGN

Date June 30, 2005

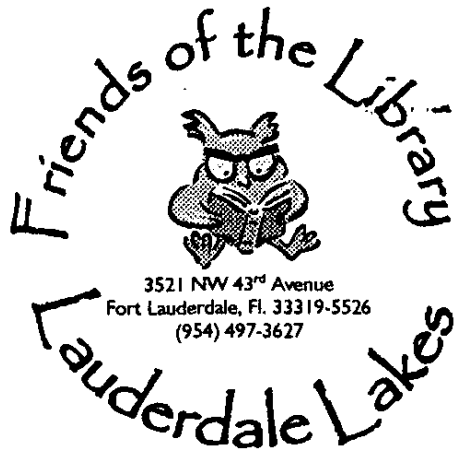
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P/D	JOHN GORE	4401 NW 41 ST., # 203	LAUDERDALE LAKES, FL 33319
V/D	MONIQUE SMITH	4540 NW 36 ST., # 316	LAUDERDALE LAKES, FL 33319
T/D	CHERYL HENNIS	3540 NW 50 AVE., #202	LAUDERDALE LAKES, FL 33319
S/D	LEIGHTON BINGHAM	2401 NW 41 AVE., #201	LAUDERDALE, FL 33313

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)(g), 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: John Gore JOHN GORE June 30, 2005 954-485-0691  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E001 (01/05)



June 30, 2005

Department of State  
Division of Corporations  
Attn: Annual Report Reinstatement  
P.O. Box 6327  
Tallahassee, FL 32314

Re: Request for Waiver and Reinstatement

Dear Sir/Ms:

A number of concerned residents of Lauderdale Lakes have banded together to revive the dormant non-profit *Friends of the Library of Lauderdale Lakes, Florida, Inc.* Its mission is to promote literacy, reading and activities in collaboration with our local Broward County branch library.

Kindly grant us the waiver relating to former annual report(s) in order for us to designate the savings toward our stated goals.

I am enclosing the application for reinstatement and a check for \$490.00.

Your consideration and cooperation is appreciated.

Sincerely,

John Gore  
President and Registered Agent