

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 AUG 26 PM 4:58

DOCUMENT # **736989**

1. Corporation Name

**NORTHWEST BROWARD COLUMBIAN CLUB
INC.**

700059177307
08/31/05--01035--002 **192.50

REINSTATEMENT 03-05

2. Principal Office Address

P.O. BOX 590582

Suite, Apt. #, etc.

3. Mailing Office Address

1700 NW 65 AVE

Suite, Apt. #, etc.

City & State

FT. LAUDERDALE, FL

Zip
33359

Country
USA

City & State

MARGATE, FL

Zip
33063

Country
USA

4. Date Incorporated or Qualified
To Do Business in Florida

10/07/1976

5. FEL Number

59-1758426

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

ROBERT W. FROTTEN, SR

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

2611 RIVERSIDE DR. #4

Suite, Apt. #, Etc.

City

CORAL SPRINGS, FL

State

FL

Zip Code

33065

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

[Signature]

REGISTERED AGENT MUST SIGN

Date **8-23-05**

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	RUSSEL J. BUBELLO	7630 MARGATE BLVD	MARGATE, FL. 33063 33066
V.P	JOIE PALCO	2824 CARAMBOLA CIRCLES	COCONUT CREEK, FL.
S	KENNETH G. BISHOP	1736 HAMMOCKS BLVD.	COCONUT CREEK, FL 33063
T	WILLIAM J. FORD FREDERICK	1675 NW 66 TER	MARGATE, FL. 33063
D	SCHWEITZER	1700 NW 65 AVE	MARGATE, FL. 33063
D	JOSEPH CONTINO	2501 ANTIGUA TER APT L2	COCONUT CREEK, FL. 33066

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:

[Signature] **FREDERICK SCHWEITZER** 8-23-05 9549730454

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

OFFICERS CONTINUED.

D. FRANK B. TALERICO 6710 NW 23 ST. MIAMI GATE, FL. 33063