

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

08 MAY 13 AM 11:30

DOCUMENT # 737027

1. Corporation Name

BROWARD COUNTY RADIO  
CONTROL ASSOCIATION

W08-18913

2. Principal Office Address - No P.O. Box #

10041 N.W. 3RD ST.

3. Mailing Office Address

10041 N.W. 3RD ST.

Suite, Apt. #, etc.

PLANTATION, FL.

Suite, Apt. #, etc.

—

City & State

City & State

PLANTATION, FL.

Zip

33324

Country

U.S.A.

Zip

33324

Country

U.S.A.

800123246978

04/14/08--01031--014 \*\*8.75

REINSTATEMENT 06-08

4. Date Incorporated or Qualified  
To Do Business in Florida

10/13/76

5. FEI Number

592637132

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

VICTOR WEITZMAN

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

10041 N.W. 3RD ST.

Suite, Apt. #, Etc.

—

City

PLANTATION

State

FL

Zip Code

33324

☒ The reinstatement fee is imposed, except in  
circumstances which the entity did not receive  
the prior notices. By checking this box, you  
are certifying the prior notices were not  
received and requesting the reinstatement  
fee be waived.

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

*Victor Weitzman*

Date 4/7/08

REGISTERED AGENT MUST SIGN

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

| Titles | Name of<br>Officers and/or Directors | Street Address of Each<br>Officer and/or Director | City / State / Zip  |
|--------|--------------------------------------|---|---------------------|
| PRES.  | VICTOR WEITZMAN                      | 10041 NW 3RD ST                                   | PLANTATION FL 33324 |
| V.P.   | LENNY HANDLER                        | 11900 NW 29TH AVE                                 | SUNRISE FL 33323    |
| SECY   | JUDY SERGE                           | 7956 TROPICANA ST.                                | MIRAMAR FL 33023    |
|        |                                      |   |                     |
|        |                                      |   |                     |
|        |                                      |   |                     |

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05/13/08--01004--013 \*\*175.00

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 contained in Chapter 119, 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:

*Victor Weitzman*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/7/08

Daytime Phone #

954-474-2170

5/16/08