

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 JUN 11 PM 12:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 02-03



200018673142
05/09/03--01056--003 **236.25

DOCUMENT # 737403

1. Corporation Name

THE BLACK HISTORICAL SOCIETY OF BROWARD COUNTY,
INC.

Principal Place of Business

2060 N.W. 30TH AVENUE
FT. LAUDERDALE FL 33311
US

Mailing Address

2060 N.W. 30TH AVENUE
FT. LAUDERDALE FL 33311
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

12/01/1976

5. FEI Number

65-0141499

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	SMITH, MARY	2510 N.W. 17TH ST.	FT. LAUDERDALE FL
D	JACKSON, GLORIA	2661 N.W. 16TH CT.	FT. LAUDERDALE FL
D	WRIGHT, KATHLEEN	3020 N.W. 6TH CT.	FT. LAUDERDALE FL
D	SCOTT, ZARLINE	2510 N.W. 17TH ST.	FT. LAUDERDALE FL
PD	SCOTT, ZARLINE	2060 NW 30TH AVE	FORT LAUDERDALE FL 33311
VPD	LUSTER, MARGURITE	632 NW 20TH CT	POMPANO BEACH FL 33060

8. Name and Address of Current Registered Agent

SCOTT, ZARLINE
2060 N.W. 30TH AVENUE
FT. LAUDERDALE FL 33311

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

5/2/03

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:

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

Date

Daytime Phone #

5/2/03

CR2E040 (8/02)