

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

11 JAN 11 AM 8:56

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name

762157

Dania Economic Development Corporation

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

210 NW 12th Avenue

3. Mailing Office Address

PO Box 694

Suite, Apt. #, etc.

12

Suite, Apt. #, etc.

City & State

Dania, FL

City & State

Dania, FL

Zip

33004

Country

Broward

Zip

33004-7694

Country

USA

500191011095

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CR2E081 (6/10)

4. Date Incorporated or Qualified

To Do Business in Florida 04/09/1982

5. FEI Number

59-2298406

☐ 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

~~Walter Foster~~

Bobbie H. Grace

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

~~1946 NE 4th Avenue~~ 110 N.W. 8th Ave

Suite, Apt. #, Etc.

406

City

~~Fort Lauderdale~~

Dania Beach, 33004

State

FL

Zip Code

33304 US

REINSTATEMENT

12/7/10

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

Bobbie H. Grace

REGISTERED AGENT MUST SIGN

Date 12/07/2010

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
PC	Grace Bobbie	110 NW 8th Avenue	Dania, FL
DS	Eugenia Byrd	717 SW 2nd Terr	Dania, FL
V	Ebbie Black	235 SW 12th Ave	Dania, FL 33004
D	Charles Williams	712 SW 2nd Terr	Dania, FL
D	Lucye W. Penn	754 SW 3rd St	Dania, FL 33304
DT	Mildred Jones	1451 NW 2nd St	Dania, FL

10. E-mail Address: daniaeconomic@bellsouth.net

(To be used for future annual report notification)

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. I further certify, 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

Bobbie H. Grace

Bobbie H. Grace, President

12/07/10 1-4-11

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #