

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

96 NOV -1 AM 9:21

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 766605

1. Corporation Name

THE SOUTH FLORIDA ENTERTAINMENT WRITERS ASSOCIATION INC.

Principal Place of Business

Mailing Address

P.O. BOX 14211  
FORT LAUDERDALE FL 33302

P.O. BOX 14211  
FORT LAUDERDALE FL 33302

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

01/20/1983

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

58-2324045

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☐

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

1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4. City / State / Zip
PD	VON MAURER, BILL	7133 BAY DR, #308	MIAMI BCH FL
D	ZINK, JOHN (JACK) C	7381 SW 18TH ST	PLANTATION FL
VCD	GINGOLD, EUGENIA	3801 S OCEAN DR, PH #N	HOLLYWOOD FL
SD	BAUMOEL, LOIS	2880 S OCEAN BLVD	PALM BCH FL

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-11/07/96-01002-005  
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JB1-5-96

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

GORA, MICHAEL H  
2000 GLADES ROAD, SUITE 400  
BOCA RATON FL 33431

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.

Signature of Registered Agent

*Michael B. Gora*  
MICHAEL B. GORA  
REGISTERED AGENT MUST SIGN

Date 10-28-96

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(See other side for information on intangible tax.)

12. 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

*John C. Zink*  
JOHN C. ZINK  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-18-96 954-3564706  
Date Daytime Phone

CR-2340 (7/85)