

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 767848

1. Corporation Name

**BROWARD CONDOMINIUM AND COOPERATIVE
ASSOCIATION, INC.**

FILED

02 FEB -4 AM 8:56

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

2. Principal Office Address

3363 Sheridan St.,

3. Mailing Office Address

Suite, Apt. #, etc.

Suite 201

Suite, Apt. #, etc.

City & State

Hollywood, FL

City & State

Zip

33021

Country

USA

Zip

Country

**4. Date Incorporated or Qualified
To Do Business in Florida**

04/07/1983

5. FEI Number

592270551

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

Steven A. Mason, Esq.

000005025330 -- 1

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

3363 Sheridan St.

-02/28/02--01002--026

******481.25 ****481.25**

Suite, Apt. #, Etc.

Suite 201

City

Hollywood

State

FL

Zip Code

33021

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**

Steven A. Mason
REGISTERED AGENT MUST SIGN

Date *1/31/02*

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	Steven A. Mason	3363 Sheridan Street, #201	Hollywood, FL 33021
VP	Saul Breznick	421 NE 14 Ave., #104	Hallandale, FL 33009
Secty	Susan Donald	181 NE 14 Ave., #24 C	Hallandale, FL 33009
Treas	Maria Postman	8998 NW 39 Street	Cooper City, FL 33024
Director:	Joan Juda	410 Golden Isles Dr. #803	Hallandale, FL 33009
Director:	Louis Shaw	400 Leslie Drive #820	Hallandale, FL 33009

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)(f), 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:

Steven A. Mason
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/31/02 (954) 963-5900

Date

Daytime Phone #

AW

CR2001 (9/00)