

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # 769725

1. Corporation Name

BROWARD EDUCATION FOUNDATION, INC.

Principal Place of Business

Mailing Address

600 SE 3 AVENUE, 8TH FLOOR
FT LAUDERDALE FL 33301
US

600 SE 3 AVENUE, 8TH FLOOR
FT LAUDERDALE FL 33301
US

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

08/08/1983

5. FEI Number

59-2359433

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
ED	EAGON, DOUGLAS P	6400 N ANDREWS AVENUE	FORT LAUDERDALE FL 33317
SD	PARADISE, TOM CORINA Biton	BELL SOUTH 631 N FEDERAL HIGHWAY SUNTRUST - 501 E. Las Olas	FT. LAUDERDALE FL 33301
TD	PICHA, STEVE	7000 NW 4TH STREET 350 E. Las Olas Blvd	PLANTATION FL 33317 Ft. Lauderdale 33301
BD	MCDERMOTT, TIMOTHY J Scott Jordan	110 SE 6TH STREET	FORT LAUDERDALE FL 33301
M	BENTLEY, KIM Michael Long	600 SE 3RD AVE., 8TH FLOOR	FT. LAUDERDALE FL
VE/d	MILLER, VIRGINIA I	614 S FEDERAL HIGHWAY	FORT LAUDERDALE FL 33301

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

EAGON, DOUGLAS P 6400 N ANDREWS AVE FT LAUDERDALE FL 33309 800003478348--2 -11/28/00--01056--019 ****175.00 ****175.00	Name Michael Long Street Address (P.O. Box Number is Not Acceptable) 600 SE 3RD AVE Suite, Apt. #, Etc. Fort Lauderdale, City Fort Lauderdale State FL Zip Code 33301
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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

REGISTERED AGENT MUST SIGN

Date

10/10/00

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

KE

10/10/00 954-765-6000