

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 769796

1. Corporation Name

Seniors Foundation of N.W. Broward, Inc.

W08-56353

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

6009 NW 10th Street

Suite, Apt. #, etc.

3. Mailing Office Address

6009 NW 10th Street

Suite, Apt. #, etc.

City & State

Margate

City & State

Margate

Zip

33063

Country

Broward

Zip

33063

Country

Broward

7. Name and Address of Current Registered Agent

Name

Goldner, Nora L.

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

8500 Royal Palm Boulevard

Suite, Apt. #, Etc.

D742

City

Coral Springs

State

FL

Zip Code

33065

4. Date Incorporated or Qualified

To Do Business in Florida 1983

5. FEI Number

59-2340046

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required for a Certificate of Status

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

Nora L. Goldner
REGISTERED AGENT MUST SIGN

Date 12/15/08

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
Pres	Colton, Scott	6810 SW 7th Street	Margate, FL 33068
VP	Goldner, Nora L.	8500 Royal Palm Blvd, D742	Coral Springs, FL 33065
S / T	Lieberman, Terry	6009 NW 10th Street	Margate, FL 33063
Dir	Jablon, Scott M.	8327 W Atlantic Blvd	Coral Springs, FL 33071
Dir	Lakin, Arlene	7284 W Atlantic Blvd	Margate, FL 33063

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 contained in Chapter 119, 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:

Terry Lieberman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12/15/08 (954) 973-0300

Daytime Phone #

FILED

08 DEC 31 AM 11:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

000139170590
01/12/09--01051--017 **61.25

000139170590
12/19/08--01036--010 **245.00

REINSTATEMENT 07-08
CR2E081 (10/08)