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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DO NOT WRITE IN THIS SPACE

97 OCT 31 AM 11:20

SECRETARY OF STATE
TALLAHASSEE FLORIDA

Make Check Payable To: *Department of State*

1. Name and Mailing Address of Corporation: DOCUMENT # L 11585

Pompano, Inc.
2715 E. Atlantic Blvd.
Pompano Beach, Fl. 33062

2. If Address in Block 1 is incorrect in any way, enter the correct address below:

Address: 181 Nurmi Drive
City and State: Ft. Lauderdale, Fl. 33301 Zip Code

3. If Principle Office Address is different from mailing address, enter address below:

Address: 181 Nurmi Drive
City and State: Ft. Lauderdale, Fl. 33301 Zip Code

REINSTATEMENT

93-97 ad

4. Date Incorporated or Qualified To Do Business in Florida: 8/25/89

5. FEI Number: 65-0139063

FEI Number Applied For ☐ FEI Number Not Applicable ☐

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
V	David Nolasco	118 Lake Emerald Dr. #110	Ft. Lauderdale, Fl 33309
P	Henry J. Olmino	181 Nurmi Drive	Ft. Lauderdale, Fl 33301
ST	Al B. Livingston, Jr.	PO Box 39387	Ft. Lauderdale, Fl. 33339
			900002338119--8
			-11/04/97--01087--025
			***1418.75 ***1418.75

REGISTERED AGENT INFORMATION

8. Name and Address of Current Registered Agent

David Nolasco
2715 E. Atlantic Blvd.
Pompano Beach, FL 33062

9. If changed, new registered agent / office

Name: Henry J. Olmino
Street Address (Do NOT Use P.O. Box Number): 181 Nurmi Drive
Street Address (Do NOT Use P.O. Box Number):
City: Ft. Lauderdale, State: FL. Zip: 33301

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: Henry J. Olmino Pres. Date: 10/29/97

REGISTERED AGENT MUST SIGN

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box ☐ (See other side for additional information.)

12. 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.)

13. 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., and that all fees owed by the corporation have been paid. 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 of Officer or Director: Henry J. Olmino Pres. Date: 10/29/97 Daytime Phone #: 954/764-0186

Typed or printed name of signing officer or director: HENRY J OLMINO

CR2E080 (8/92)