

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

192

APPLICATION FOR REINSTATEMENT



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

DOCUMENT # **N0000002195**

1. Corporation Name
HALLANDALE BEACH CIVIC ASSOCIATION, INC.

Principal Place of Business Mailing Address
814 SW 6TH STREET - Wrong **814 SW 6TH STREET**
HALLANDALE BEACH FL 33009 **HALLANDALE BEACH FL 33009**

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 04/03/2000
Suite, Apt. #, etc. 814 SW 6TH AVENUE	Suite, Apt. #, etc. 814 SW 6TH AVENUE	5. FEI Number 65-0997656
City & State HALLANDALE BEACH FL	City & State HALLANDALE BEACH FL	Applied For <input type="checkbox"/> Not Applicable
Zip 33009	Zip 33009	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	HASKINS, MICHAEL E	814 SW 6TH STREET AVENUE	HALLANDALE BEACH FL 33009
D	HASKINS, NORMA C	814 SW 6TH STREET AVENUE	HALLANDALE BEACH FL 33009
D	BAKER, STEVEN MATTHEW	2500 EAST HALLANDALE BEACH BLVD.	HALLANDALE FL 33009
			000004673590--8 11/09/01-01011-002 *****61.25 *****61.25

8. Name and Address of Current Registered Agent MATTHEW BAKER, STEVEN 2500 EAST HALLANDALE BLVD. SUITE 705 HALLANDALE FL 33009	9. Name and Address of New Registered Agent Name NORMA HASKINS Street Address (P.O. Box Number is Not Acceptable) 814 SW 6TH AVENUE Suite, Apt. #, Etc. City HALLANDALE BEACH State FL Zip Code 33009
--	---

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 *Norma C. Haskins* Date 10/16/01
 REGISTERED AGENT MUST SIGN

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: *Norma C. Haskins* Date 10/16/01 Daytime Phone # 9544588614
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E040 (8/01)

FILED
 01 OCT 22 AM 8:59
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



Hallandale Beach Civic Association, Inc.

292

10/16/01

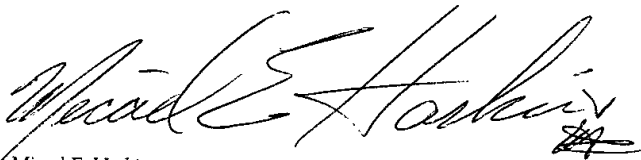
Florida Department of State
Katherine Harris
PO Box 6327
Tallahassee, FL 32314-6327

Dear Ms. Harris,

Please accept our sincere apologies for the annual report not being filed on time. We never received the report due to the address being wrong on the report. The address it was sent to was 814 SW 6th Street, the address should be 814 SW 6th Avenue.

As per conversation with your department, 10/15/01, I am enclosing a check for \$61.25 and this letter explaining why the report was not received. Thanking you in advance for your cooperation in this matter.

Sincerely,



Michael E. Haskins
President, Hallandale Beach Civic Association



814 SW 6th Ave.
Hallandale, Beach, FL
33009
954-458-8614
Fax 954-456-6908
hbcivic@bellsouth.net