## PLEASE READ ALL INSTRUCTIONS SEFORE COMPLETING THIS FORM.

APPLICATION **FOR** REINSTATEMENT



FLORIDA DEPARTMENT STATE Katherine Ha

Secretary of St DIVISION OF CORPORATIONS



02 APR -9 PM 6: 18

SECRETARY OF STATE FALLAHASSEE, FLORIDA

## N00000004932 **DOCUMENT #**

1. Corporation Name

FAIR	<b>CAMPAIGN</b>	<b>PRACTICES</b>	COMMITTEE	OF	BROWARD	COL	J
NTY,	INC.						

Principal Place of Business C/O BROWARD ALLIANCE 350 S.E. 2ND STREET #400

Mailing Address

C/O BROWARD ALLIANCE 350 S.E. 2ND STREET #400 FORT LAUDERDALE FL 33301

FORT LAUDERDALE FL 33301		FORT LAUDERDALE FL 33301			REINS	STATEM	ent	200	71-2002	_		
If above addresses are incorrect in any way, line through incorrect information  2. New Principal Office Address, If Applicable  3. New Mailing Office							4. Date Incorporated or Qualified To Do Business in Florida 07/27/2000					
Suite, Apt. #, etc. Suite, Ap		Suite, Apt. #,	t. #, etc.			5. FEI Number			<u> </u>	Applied For		
City & State City & State			City & State	ie						, ,	Not Applicable	
Zip Country Zip			Zip	Country			6. CENTIFICAT	E OF STATUS DESIRED	S8.75	Addition a Certific	nal Fee required cate of Status	
7. Names	and Street Ad	dresses of Each Officer and/	or Director (Flo	rida nonpro	fit corporati	ions must list at le	east 3 directors)					
Title(s)	Name of Officers and/or Directors			Street Address of Each Officer and/or Director				City / State / Zip				
D	ROGERS, ROY			1205 ARVIDA PARKWAY 1051 SE 3rd Avenue			WESTON FL 33327 Fort Lauderdals, FL 33316					
<del>D</del>	WHITE; CYNTHIA			1 <del>061 S.E. 3RD AVENUE</del>			FORT-LAUDERDALE-FL-33316					
D	JOSEPH, PAUL			3305 COLLEGE AVENUE			FORT LAUDERDALE FL 33314					
D	Robert "SKip" Johnson			351 N. State Road 7, #200			Plantation, FL 33317					
							8000054143583 -05/01/0201026025					
-					,		-US/U17U ****297	201 .50	U261 ****2	97.50		
8. Name and Address of Current Registered Agent						9. Name and Address of New Registered Agent						
						Name					8/01)	
GELLER, STEVEN A ESQ. 2411 HOLLYWOOD BOULEVARD —HOLLYWOOD FL 33020:——————————————————————————————————				Street Address (P.O. Box Number is Not Acceptable)					CRZE040 (8/01)			
					Suite, Apt. #, Etc.						<u>.</u>	
					City State Zip Code					e		
10. I, being	appointed th	e registered agent of the abo	ve named corp	oration, am	familiar witl	h and accept the	obligations of Sec	tion 607.0505, F.S.				
Signature o Registered	of Agent	Slau	EGISTERED AG	ENT MUST	O SIGN	2		Date	18-0	<i>1</i> 2		

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 filling 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

1-21-02

954-445-1701