

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

02 JUL -8 PM 3:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N00000007173**

1. Corporation Name

BROWARD LEAGUE OF CITIES COMMUNITY TRUST, INC.

Principal Place of Business

Mailing Address

115 SOUTH ANDREWS AVENUE #122
FORT LAUDERDALE FL 33301

115 SOUTH ANDREWS AVENUE #122
FORT LAUDERDALE FL 33301

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

4. Date Incorporated or Qualified
To Do Business in Florida

10/26/2000

5. FEI Number

81-0551503

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
PD	FIOR, JOHN	524 NE 21ST COURT	WILTON MANORS FL 33305
VD	STEVENS, CARYL	1311 NE 42ND STREET	OAKLAND PARK FL 33334
PD	CLARKE-REED, GWYNDOLEN	150 NE 2ND AVENUE	DEERFIELD BEACH FL 33441
PD	FEREN, STEVEN	10770 WEST OAKLAND PARK BLVD.	SUNRISE FL 33351
TD	MARKS, ROBERT	500 PARKSIDE DRIVE	PARKLAND FL 33067

8. Name and Address of Current Registered Agent

JOSIAS GOREN-CHEROFF, ET. AL
3099 E. COMMERCIAL BOULEVARD
SUITE 200
FORT LAUDERDALE FL 33308

9. Name and Address of New Registered Agent

Name **Sam Lauren Goren-Cheroff et al**
Street Address (P.O. Box Number is Not Acceptable)
3099 E. Commercial Blvd.
Suite, Apt. #, Etc
Suite 200
City **Ft. Lauderdale** State **FL** Zip Code **33308**

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

Xamp
REGISTERED AGENT MUST SIGN

Date

5/30/02

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:

Gwendolen A. Clarke Reed
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-30-02 954-357-1370

Date

Daytime Phone #