

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Glenda E. Hood**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 OCT 21 AM 10:43

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **N02000001300**

1. Corporation Name

**ACF CHAPTER OF BROWARD COUNTY, INC.**

Principal Place of Business

Mailing Address

BOX 93-4053  
MARGATE FL 33093

BOX 93-4053  
MARGATE FL 33093



REINSTATEMENT 03

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

02/18/2002

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

04-3766285

Not Applicable

Zip

Country

Zip

Country

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	FELD, NESTOR	6722 N. PARKWAY DR.	MARGATE FL 33068
VD	WILCOX, MARTIN	5230 SW 101 TERR.	COOPER CITY FL 33328
VD	GOODMAN, ARTHUR	9330 NW 17 ST.	PLANTATION FL 33322
STD	HERRING, ODIS	4976 NW 49 AVE.	COCONUT CREEK FL 33073

300023969083

10/21/03--01058--021 \*\*150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

GOODMAN, ARTHUR D  
9330 NW 17TH ST.  
PLANTATION FL 33322

Name

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

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. or 617.0505, F.S.

Signature of  
Registered Agent

*[Signature]*  
REGISTERED AGENT MUST SIGN

Date

10/13/03

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:

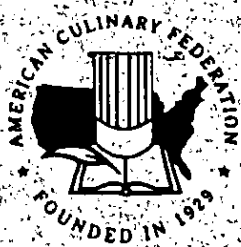
*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/13/03

CR2E040 (7/03)



# *American Culinary Federation of Greater Fort Lauderdale, Inc.*

P.O. Box 93-4053 • Margate, Florida 33093-4053

American Culinary Federation



American Academy of Chefs

October 15, 2003

Division of Corporations

Department of State

PO box 6327

Tallahassee, FL 32314

This letter is being sent for the purpose of having the reinstatement fee waived for the "ACF Chapter of Broward County, Inc."

As an officer and registered agent I wish to inform you that I did not receive any UBR forms and was just given the dissolution notification yesterday. I have enclosed a check for \$150.00 for annual filling and am letting you know that we will be filing papers to be a not for profit corporation.

Thank you

Arthur D. Goodman Vice President, Registered Agent  
ACF Chapter of Broward County, Inc.