

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

192

APPLICATION FOR REINSTATEMENT



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 NOV 17 AM 8:00

DOCUMENT # N02000001502

1. Corporation Name
THE INSTITUTE FOR COMMUNITY COLLABORATION, INC.

REINSTATEMENT 03

Principal Place of Business
3440 HOLLYWOOD BLVD STE 140
HOLLYWOOD FL 33021

Mailing Address
3440 HOLLYWOOD BLVD STE 140
HOLLYWOOD FL 33021



300024739473
11/17/03--01015--016 **61.25

MRS

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	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		02/26/2002	
City & State		City & State		5. FEI Number	
Zip		Zip		03-0446672	
33021-6900		33021-6900		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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	NEUGENT, GEORGE	25 SHIPS WAY	BIG PINE KEY FL 33043
D	RIESCO, JOSE A	2801 PONCE DE LEON BLVD STE 1000	CORAL GABLES FL 33134
D	MOORE, CARLTON	100 N ANDREWS AVE	FT LAUDERDALE FL 33301
D	LIEBERMAN, ILENE	GOV'N'T CENTER 115 S ANDREWS AVE.	FT. LAUDERDALE FL 33301
D	BLYNN, MICHAEL	17701 BISCAYNE BLVD., STE. 200	AVENTURA FL 33160

delete the "H"

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
GOREN, SAM ESQ. 3099 EAST COMMERCIAL BLVD. SUITE #200 FT LAUDERDALE FL 33308		Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City	
		State	Zip Code
		FL	

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] **SIGNATURE REQUIRED** Date 10/13/03
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: [Signature] **SIGNATURE REQUIRED** 11-04-2003. 954-357-7001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E040 (7/03)

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South
Florida
Regional
Planning
Council



October 16, 2003

Florida Department of State
Division of Corporations
Corporate Filings
P.O. Box 6327
Tallahassee, FL 32314

Re: N02000001502 - The Institute for Community Collaboration, Inc.

To Whom It May Concern:

Enclosed please find an executed copy of an Application for Reinstatement and a check in the amount of \$61.25. The Institute for Community Collaboration, Inc. did not receive the Uniform Business Report and therefore we are requesting that the penalty fee be waived.

Thanking you in advance for your cooperation on this.

Sincerely,

Carolyn A. Dekle
Executive Director

CAD/kc

Enclosures