

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N020000006401**

1. Corporation Name

**Coconut Creek Chamber of
Commerce, Inc.**

2. Principal Office Address - No P.O. Box #

5379 Lyons Rd

Suite, Apt. #, etc.

#172

City & State

Coconut Creek, FL

Zip

33073

Country

USA

3. Mailing Office Address

5379 Lyons Rd.

Suite, Apt. #, etc.

#172

City & State

Coconut Creek, FL

Zip

33073

Country

USA

7. Name and Address of Current Registered Agent

Name

Bo Landy

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

4666 N. Powerline Rd.

Suite, Apt. #, Etc.

1

City

Deerfield Beach,

State

FL

Zip Code

33073

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of

Registered Agent

[Signature]

REGISTERED AGENT MUST SIGN

Date

3/14/14

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
C	Bo Landy	4666 N. Powerline Rd	Deerfield Beach, FL 33073
VC	Michele H Martin	5379 Lyons Rd #118	Coconut Creek, FL 33073
S	Constance Corrburg	3527 Cocoplum Circle	Coconut Creek, FL 33073

10. E-mail Address: **events@coconutcreekchamber.com**

(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

[Signature]
Bo Landy

3/14/14

954-510-2600

FILED

14 MAR 24 AM 11:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

8/22/2002

5. FEI Number

32-0037912

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

Yes

\$8.75 Additional Fee required
for a Certificate of Status

900258188749
03/24/14--01037--015 **245.00