

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

01 MAR 21 PM 12:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **NO2005**

1. Corporation Name
*Port Everglades Concession Coordinating Committee
P.O. Box 13066
Port Everglades, FL 33316*

2. Principal Office Address
3510 S.E. 19th Ave

3. Mailing Office Address
P.O. Box 13066

REINSTATEMENT 91-01

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. Date Incorporated or Qualified To Do Business in Florida
March 6, 1984

City & State
Fort Lauderdale FL

City & State
Ft. Lauderdale FL

5. FEI Number
59-2495421

Zip
33316

Zip
33316

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
Randolph F. Cernick

Street Address (P.O. Box Number is Not Acceptable)
3510 S.E. 19th Ave

*500004077705-9
-04/25/01-01066-023
****848.75 ****848.75*

Suite, Apt. #, Etc.

City
Fort Lauderdale

State
FL

Zip Code
33316

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
R.F. Cernick
REGISTERED AGENT MUST SIGN

Date
3-19-01

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
<i>Pres</i>	<i>Kevin Pitt D</i>	<i>P.O. Box 13066 Fort Lauderdale, FL</i>	<i>Fort Lauderdale, FL 33316</i>
<i>VP Sec</i>	<i>Douglas Beymer D</i>	<i>P.O. Box 13066</i>	<i>Fort Lauderdale, FL 33316</i>
<i>Treas</i>	<i>Randolph F. Cernick D</i>	<i>P.O. Box 13066</i>	<i>Fort Lauderdale, FL 33316</i>

10. 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: *R.F. Cernick, Treas.* 3-7-01 954-728-8808
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E081 (9/00)