

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 # **N02005**

1. Corporation Name

*Port Everglades Corrosion Coordinating Committee
P.O. Box 13066
Port Everglades, FL 33316*

2. Principal Office Address

3510 S.E. 19th Ave

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 13066

Suite, Apt. #, etc.

City & State

Fort Lauderdale FL

City & State

Ft. Lauderdale FL

Zip

Country

33316 USA

Zip

Country

33316

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

March 6, 1984

5. FEI Number

59-2495421

Applied For

Not Applicable

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

Suite, Apt. #, Etc.

City

Fort Lauderdale

State

FL

Zip Code

33316

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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]

R.F. Cernick

Date *3-19-01*

REGISTERED AGENT MUST SIGN

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature] *R.F. Cernick, Treas.*

Date

3-7-01

Daytime Phone #

954-728-8808

CR2E081 (9/00)