

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N04000002203

1. Corporation Name

Broward Business Action Team, Inc.

W09-24313

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

329 NW 27th Ave

Suite, Apt. #, etc.

City & State

Fort Lauderdale, FL

Zip

33311

Country

USA

3. Mailing Office Address

329 NW 27th Ave

Suite, Apt. #, etc.

City & State

Fort Lauderdale, FL

Zip

33311

Country

USA

7. Name and Address of Current Registered Agent

Name

Randy Jesus

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

329 NW 27th Ave

Suite, Apt. #, Etc.

City

Fort Lauderdale

State

FL

Zip Code

33311

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

Randy Jesus
REGISTERED AGENT MUST SIGN

Date 05/18/2009

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
P/D	Joan C Jesus	329 NW 27th Ave	Fort Lauderdale, FL 33311
V/D	DR. GEORGE WADE D.V.M.	329 NW 27th Ave	Fort Lauderdale, FL 33311
S/D	Billy Hayes	300 E. Oakland Park Blvd.	Fort Lauderdale, FL 33334
T/D	Rabbi Louis Herring	4101 N 33 rd Terrace	Hollywood, FL 33311
REINSTATEMENT RH			

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 contained in Chapter 119, 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:

Billy Hayes
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Billy Hayes, Secretary

05/18/2009

Date

954-588-8840

Daytime Phone #

FILED

09 JUN -4 AM 10:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

500156277925
05/21/09--01014--024 **183.75

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida 03/02/2004

5. FEI Number
200815361

Applied For
Not Applicable

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

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.