

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
08 OCT 16 PM 1:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N08240

1. Corporation Name

POMPANO BEACH 5555 SOCIETY, INC.

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

215 NE 4TH AVENUE

Suite, Apt. #, etc.

City & State

POMPANO BEACH FL.

Zip

33061

Country

USA

3. Mailing Office Address

737 E. ATLANTIC BLVD

Suite, Apt. #, etc.

City & State

POMPANO BEACH FL.

Zip

33060

Country

USA

100136987081
10/16/08--01049--003 **253.75

REINSTATEMENT 05-08

4. Date Incorporated or Qualified
To Do Business in Florida

03/19/1985

5. FEI Number

650028643

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

LAWRENCE G. MICELI, ESQ.

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

737 EAST ATLANTIC BLVD.

Suite, Apt. #, Etc.

City

POMPANO BEACH

State

FL

Zip Code

33060

☒ 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.

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

Date 10/15/2008

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
PD	BRANTLEY, ROBERT	11 NE 17TH AVENUE	POMPANO BEACH FL 33060
VPD	HAUT, GUY	313 NE 11TH AVE	POMPANO BEACH FL 33060
TD	ERTLE, ARMOND	410 SE 4TH CT	POMPANO BEACH FL 33060
SD	MICELI, LAWRENCE G.	441 SE 4TH AVE	POMPANO BEACH FL 33060
D	DRISCOLL, JOSEPH	1701 N. DIXIE HWY	POMPANO BEACH FL 33060

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:

ROBERT BRANTLEY

10/15/08

(954)553-0772

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

553-0772

(954)553-0772

10/17