PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
10 APR 19 PM 2:26
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # N17786

1. Corporation Name

Pompano Proud Inc.

W10 — 17179

REINSTATEMENT 08-10

900174813019
04/07/10—01007—017 **183.75

CR2E081 (11/09)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
4510 NE 15 Ave	P.O. Box 78
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Pompano Beach, Fl.	City & State: Pompano Beach, Fl.
Zip: 33064 / Country: USA	Zip: 33061-0078 / Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 11/14/1986

5. FEI Number: 592767171 ☐ 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: Judith A. Niswonger

Street Address (P.O. Box Number is Not Acceptable): 270 S.W. 14 St.

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: Judith A. Niswonger Date: 4/16/2010

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
P/D	Donna Torrey	4510 NE 15 Ave	Pompano Beach, Fl 33064
V/D	Allan Crawley	208 NE 17 Ave	Pompano Beach, Fl 33060
T/D	Judy Niswonger	270 SW 14 St	Pompano Beach, Fl 33060
S/D	Sherry Walters	2236 SE 9 St	Pompano Beach, Fl 33062
S/D	Claudia McMahon	27 NE 16 Ave	Pompano Beach, Fl 33060
D	KAY MCGINN	2460 S.E. 5TH ST	POMPANO BEACH, FL 33062

10. **E-mail Address:** jdniswonger@msn.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., 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.

SIGNATURE: Judith A. Niswonger / Judith A. Niswonger / 4/16/2010 / 954 782-5788

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

JC 4/20