

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Jim Smith**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

03 JAN 30 PM 2:24

DOCUMENT # **N20236**

1. Corporation Name

**COMMUNITIES AGAINST RUNWAY EXPANSION, INC.**

Principal Place of Business

% SUSIE CLERMONT  
4520 S.W. 30TH WAY  
FT. LAUDERDALE FL 33312

Mailing Address

% SUSIE CLERMONT  
4520 S.W. 30TH WAY  
FT. LAUDERDALE FL 33312



If above addresses are incorrect in any way, line through incorrect information and enter correction below

**REINSTATEMENT** 02-03

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

04/21/1987

5. FEI Number

65-0002011

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	FIELD, JAY	4501 S.W. 30TH WAY	FT. LAUDERDALE FL
D	HEINRITZ, BEV	4520 S.W. 24TH COURT	FT. LAUDERDALE FL
D	MORDES, JERRY	4846 S.W. 26 TERR.	FT. LAUDERDALE FL
D	WINTERS, ANN	4531 SW 25TH TERR	FT. LAUDERDALE FL

01-38703-01043-003 \*\*237.50

8. Name and Address of Current Registered Agent

CLERMONT, SUSIE  
4520 S.W. 30TH WAY  
FT. LAUDERDALE FL

9. Name and Address of New Registered Agent

Name **BEULAH LAIR**  
Street Address (P.O. Box Number is Not Acceptable)  
**1433 ARGONAUT ISLE**  
Suite, Apt. #, Etc.  
City **DANIA BEACH** State **FL** Zip Code **33004**

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of  
Registered Agent

**SIGNATURE REQUIRED**  
REGISTERED AGENT MUST SIGN

Date

1/27/003

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 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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/27/2003 954  
962  
6335

Daytime Phone #