

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

04 DEC -2 PM 1:47

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # N 21928**

**1. Corporation Name**

Sun-Sentinel Charities, Inc

200 East Las Olas Blvd  
same

**2. Principal Office Address**

200 East Las Olas Blvd

Suite, Apt. #, etc.

City & State

Ft Lauderdale, FL

Zip

33301

Country

Broward

**3. Mailing Office Address**

same

Suite, Apt. #, etc.

City & State

Zip

Country

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

**5. FEI Number**

65-0003448

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

John R Hargrove

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

500 East Broward Blvd

Suite, Apt. #, Etc.

Suite 1000

City

Ft Lauderdale

State

FL

Zip Code

33394

**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 11-17-04

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	Jeffrey Levine	200 East Las Olas Blvd	Ft Lauderdale, FL 33301
VP	Mary Riedel	200 East Las Olas Blvd	Ft Lauderdale, FL 33301
T	Tom Garris	200 East Las Olas Blvd	Ft Lauderdale, FL 33301
D	Earl Maucker	200 East Las Olas Blvd	Ft Lauderdale, FL 33301
D	Howard Greenberg	333 SW 12th Avenue	Deerfield Beach, FL 33441
D	Mark Jones	333 SW 12th Avenue	Deerfield Beach, FL 33441

**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

11/16/2004

Date

954-356-4340

Daytime Phone #

CR2E081 (01/04)