

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 OCT 28 AM 9:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N27145

1. Corporation Name

PWA COALITION OF BROWARD COUNTY FLORIDA, INC.

Principal Place of Business

2302 NE 7TH AVE
FT LAUDERDALE FL 33305
US

Mailing Address

2302 NE 7TH AVE
FT LAUDERDALE FL 33305
US

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

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

06/27/1988

5. FEI Number

65-0061779

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)

Title(s)

1

Name of Officers
and/or Directors

2

Street Address of Each
Officer and/or Director

3

City / State / Zip

4

PD

KURYLA, TAMARA

1129 NE 16 AVE #5

FORT LAUDERDALE FL 33304

TD

MARX, WILLIAM C

3660 N.E. 1ST TERRACE

FT LAUDERDALE FL 33334

SD

HOUSTON, TOM

5100 DUPONT BLVD 11D

FORT LAUDERDALE FL 33308

000008626150

10/28/02--01085--005 **61.25

8. Name and Address of Current Registered Agent

SMITH, ROBERT, LEACH, ESQ

1801 NE 8TH ST

FORT LAUDERDALE FL 33304

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

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:

William C Marx
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/25/02 954-565-9119

CR25040 (8/02)

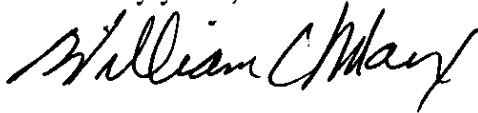
October 25, 2002

Florida Department of State
Jim Smith
Secretary of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Dear Sir:

This is to inform you that we never received the UBR notices. The PWA Coalition has a history of services to those persons who are HIV positive. All past notices from the Department of State have always been handled promptly. We would appreciate due consideration regarding this matter.

Sincerely yours,

A handwritten signature in black ink, appearing to read "William C. Marx". The signature is fluid and cursive, with the first name "William" being more prominent.

William C. Marx
Treasurer of PWA Coalition of Broward County Florida, INC.