

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 MAR -5 AM 8:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

400092061904
03/12/07--01002--028 **1041.25

REINSTATEMENT 1991-07
CR2E081 (1/07)

DOCUMENT # N31745

1. Corporation Name

BROWARD KOUNTY KAMPERS KLUB, INC.

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

1335 COLEMAN ST.

Suite, Apt. #, etc.

City & State

TALLAHASSEE, FL

Zip

32310

Country

USA

3. Mailing Office Address

6807 LUANA LANE

Suite, Apt. #, etc.

City & State

SEFFNER FL

Zip

33584

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

04/17/1987

5. FEI Number

650138408

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

HAZEL S. STEPHENS

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

6807 LUANA LANE

Suite, Apt. #, Etc.

City

SEFFNER,

State

FL

Zip Code

33584

☒ 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

Hazel S. Stephens

REGISTERED AGENT MUST SIGN

Date 02/28/2007

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	RUDY GIVENS	1335 COLEMAN Street	Tallahassee, FL 32310
VP	ALLAN SMITH	P.O. Box 37454	Tallahassee, FL 32315
RS	VICKIE TURNER	6340 N.W. 13 th Ave	Ocala, FL 34475
CS	HAZEL STEPHENS	6807 Luana Lane	SEFFNER, FL 33584
FS	DOROTHY FRANKLIN	4421 NW 13 th Court	Lauderhill, FL 33313
T	MAE JOHNSON	3119 9 th Ave Dr. East	Palmetto, FL 34221

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.

HAZEL S. STEPHENS, Corresponding Secretary

SIGNATURE:

Hazel S. Stephens

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/28/2007 (813) 657-3797

Date

Daytime Phone #

jc 3/8