

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION FOR REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
JUL 22 PM 3:04  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N34531

**POMPANO BEACH PRESERVATION SOCIETY, INC.**

800002950558--5  
-08/04/99--01074--007  
\*\*\*\*\*297.50 \*\*\*\*\*297.50

Principal Place of Business Mailing Address  
620 NW 16th. AVE. 612 NW 15th. AVE.,  
POMPANO BCH., FL POMPANO BEACH, FL  
33069-2829 33069-2829

**REINSTATEMENT** 98-99

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

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida <b>OCTOBER 5, 1989</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number <b>65-0147267</b>	
City & State		City & State		Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
1	2	3	4
PRES.	JUNE KING-POITIER - Dir.	612 NW 15th. AVENUE	POMPANO BCH., FL 33069
VICE PRES.	LARRY SEABROOK -Director	137 NW 16th AVENUE	POMPANO BCH., FL 33069
TREAS.	ADRIENNE A. POITIER-Dir.	613 NW 15th. AVENUE	POMPANO BCH., FL 33069
SECR.	FAYE MONTGOMERY-Director	1215 NW 1st. Street #8	FT. LAUDERDALE, FL 33311
DIRECTOR	DAVID McMILON -Director	1508 MARTIN LUTHER BLVD.	POMPANO BCH., FL 33069
DIRECTOR	JOHNNY HARRIS	2360 NW 37th. AVENUE	COCONUT CREEK, FL 33060

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

JUNE KING-POITIER  
612 NW 15th. AVENUE  
POMPANO BEACH, FL 33069-2829

Name **JUNE KING-POITIER**  
Street Address (P.O. Box Number is Not Acceptable)  
Suite, Apt. #, Etc.  
City State Zip Code  
**FL**

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.

Signature of Registered Agent June King-Poitier  
REGISTERED AGENT MUST SIGN

Date 4-8-99

11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes ☐ No ☒

(See other side for information on intangible tax)

12. 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: June King-Poitier JUNE KING-POITIER  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

954-979-2233  
april 08 1999 228-3153  
Date Daytime Phone #

CR2081 (12/88)

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<b>APPLICATION FOR REINSTATEMENT</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # N34539</b> 1. Corporation Name <p style="text-align: center;"><b>POMPANO BEACH PRESERVATION SOCIETY, INC.</b></p>			
Principal Place of Business <p><b>620 NW 16th. AVE POMPANO BEACH., FL 33069-2829</b></p>		Mailing Address <p><b>612 NW 15th. AVE. POMPANO BEACH, FL. 33069-2829</b></p>	
<small>If above addresses are incorrect in any way, line through incorrect information and enter correction below.</small>			
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 5. FEI Number      Applied For Not Applicable	
		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> <b>\$8.75 Additional Fee required for a Certificate of Status</b>	
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
1. Dir.	PERRY E. THURSTON, JR.	1339 NORTHEAST FOURTH AV	FT. LAUDERDALE, FL 33301
DIR.	FREEMAN KING II	1339 N.E. 4th. Ave.	Ft. LAUDERDALE, 33301
8. Name and Address of Current Registered Agent <p><b>JUNE KING POITIER 612 NW 15th. AVENUE POMPANO BEASCH, FL 33069-2829</b></p>		9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City      State      Zip Code <b>FL</b>	
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. Signature of Registered Agent <i>June King Poitier</i> Date <b>April 08, 1999</b> REGISTERED AGENT MUST SIGN			
11. This corporation owes the current year Intangible Personal Property Tax due June 30.      Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> (See other side for information on intangible tax)			
12. 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: <i>June King Poitier</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<b>JUNE KING_POITIER</b> Date      Daytime Phone # <b>954-979-2233; 298-3153</b> <b>APRIL 08, 1999</b>	

CR2E08 (12/98)