

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 NOV 25 AM 9:40

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

800008563538

10/24/02--01025--003 \*\*175.00

DOCUMENT # N34539

1. Corporation Name

POMPANO BEACH PRESERVATION SOCIETY, INC.

Principal Place of Business

620 NW 16TH AVE.  
POMPANO BEACH FL 33069-2829  
US

Mailing Address

612 NW 15TH AVE.  
POMPANO BEACH FL 33069-2829  
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

10/05/1989

5. FEI Number

65-0147267

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	KING-POITIER, JUNE	612 NW 15TH AVENUE	POMPANO BEACH FL 33069
VPD	<del>SEABROOK, LARRY D.</del> Adrienne A. Portier	<del>132 NW 10TH AVENUE</del> 613 N.W. 15 <sup>th</sup> Avenue	<del>POMPANO BEACH FL 33069</del> Pompans Beach FL 33069
TD	<del>POTIER, ADRIENNE A.</del> Corina Gordon Brown	<del>612 NW 15TH AVENUE</del> 3401 N.W. Third Avenue	<del>POMPANO BEACH FL 33069</del> Pompans Beach FL 33069
SD	<del>MONTGOMERY, FAYE</del> Loretta Watley	<del>1215 NW 1ST STREET #8</del> 621 N.W. 15 <sup>th</sup> Avenue	<del>FT. LAUDERDALE FL 33311</del> Pompans Beach, FL 33069
D	MCMILON, DAVID	1508 MARTIN LUTHER BLVD.	POMPANO BCH. FL 33069
D	HARRIS, JOHNNY	2360 NW 37TH AVENUE	COCONUT CREEK FL 33060

8. Name and Address of Current Registered Agent

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

9. Name and Address of New Registered Agent

Name

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

800008563538

Suite, Apt. #, Etc.

11/25/02--01063--004 \*\*61.25

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]*  
SIGNATURE REQUIRED  
REGISTERED AGENT MUST SIGN

Date 10-21-02

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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
June King-Poitier 10/21/02 954-366-5018  
Date Daytime Phone #

CR2E040 (8/02)