

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # n37023**

**1. Corporation Name**

Broward County Council of Chambers of Commerce Inc

**2. Principal Office Address - No P.O. Box #**  
2200 E Atlantic Blvd

Suite, Apt. #, etc.

City & State

Pompano Beach FL

Zip  
33062

Country

Broward

**3. Mailing Office Address**

1290 Weston Road

Suite, Apt. #, etc.

Suite 200

City & State

Weston FL

Zip

33326

Country

Broward

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

03/07/1990

**5. FEI Number**

650346412

☐ 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

Donna Adelkopf

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

1290 Weston Road

Suite, Apt. #, Etc.

Suite 200

City

Weston FL

State

FL

Zip Code

33326

☐ 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

*Donna Adelkopf*  
REGISTERED AGENT MUST SIGN

Date 05/16/2007

**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
C	Anne Dufresne	2200 E Atlantic Blvd	Pompano Beach FL 33062
CE	Cindy Brief	11805 Heron Bay Blvd	Coral Springs FL 33076
S	Stella Tokar	10100 Pines Blvd, 4th Flr	Pembroke Pines FL 33026
T	Donna Adelkopf	1290 Weston Road, Ste 200	Weston FL 33326

**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.**

**SIGNATURE:**

*Donna Adelkopf* DONNA ADELKOPF 05/16/2007  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

954-389-0600  
Daytime Phone #

FILED

07 MAY 23 AM 8:58

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

200103044322  
05/23/07-01002-014 \*\*420.00  
REINSTATEMENT

D. Mitchell MAY 23 2007