

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N39892**

1. Corporation Name

COMMUNITIES IN SCHOOLS OF BROWARD COUNTY, INC.

Principal Place of Business

4790 NOTH STATE RE 7
SUITE 200
FT LAUDERDALE FL 33319
US

Mailing Address

4790 N. STATE ROAD 7
SUITE 200
FT. LAUDERDALE FL 33319

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

09/07/1990

5. FEI Number

65-0216677

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
DT	STEPHENS, KATIE GUSTAFSSO	110 SE SIXTH ST	FORT LAUDERDALE FL 33301
D	BUSTAMAN, JIM	333 SW 12 AVE	DEERFIELD BCH FL
AT	BECHTLE, SCOTT	1 EAST BROWARD BLVD	FT LAUDERDALE FL 33301
C	MENALLY, PHILIP G McNally	600 SE THIRD AVENUE	FT LAUDERDALE FL 33301
B	MADISON, PAM	1000 S. FEDERAL HWY	FT LAUDERDALE FL 33316
ST	ELKIN, STEVE	110 SE 6 ST.	FT LAUDERDALE, FL 33301
P	SHUMPERT, JULIE	4700 N ST RD 2ND FL	FT LAUDERDALE FL 33319
P	BRADLEY, ANDREA	4790 N. State Rd. 7	FT LAUDERDALE, FL 33319

8. Name and Address of Current Registered Agent

~~SHUMPERT, JULIE~~ BRADLEY, ANDREA
4790 N STATE RD 7
SUITE 200
FT LAUDERDALE FL 33319

9. Name and Address of New Registered Agent

Name
ANDREA BRADLEY
Street Address (P.O. Box Number is Not Acceptable)
4790 N. State Rd. 7
Suite, Apt. #, Etc.
Suite 200
City
FT Lauderdale
State
FL
Zip Code
33319

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

Andrea Bradley

REGISTERED AGENT MUST SIGN

Date 10/23/97

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.

Yes ☐ No ☒

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:

Andrea Bradley
ANDREA T BRADLEY

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/23/97 954.730.8070

Date

Daytime Phone #

CR2E040 (8/97)