

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

00 APR 28 PM 12:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N40448**

1. Corporation Name

**Ports of Lauderdale Property Owners
and Business Association, Inc.**

2. Principal Office Address

2411 S. Federal Hwy.

Suite, Apt. #, etc.

City & State

Ft. Lauderdale, Fl.

Zip

33316

Country

USA

3. Mailing Office Address

(Same) 2411 S. Federal Hwy.

Suite, Apt. #, etc.

City & State

Ft. Lauderdale, Fl.

Zip

33316

Country

USA

REINSTATEMENT

912-180

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

10/18/1990

5. FEI Number

☒ 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

Sheri Reichert

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

2411 S. Federal Hwy.

Suite, Apt. #, Etc.

City

Ft. Lauderdale

State
FL

Zip Code

33316

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

Sheri L Reichert

REGISTERED AGENT MUST SIGN

Date **Apr. 26, 2000**

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
D	Sheri L. Reichert	2411 S. Federal Hwy.	Ft. Lauderdale, Fl. 33316
D	Stewart Levy	2916 S. Federal Hwy.	Ft. Lauderdale, Fl. 33316
D	Diane Levy	2916 S. Federal Hwy.	Ft. Lauderdale, Fl. 33316

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 taxes 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:

Sheri L. Reichert

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-00 954-462-7665

Date

Daytime Phone #