

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR *95-97*
REINSTATEMENT



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

APPROVED
AND
FILED

1997 JUN 26 AM 8:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *N43974*

1. Corporation Name

Broward Independent Living Center, *Inc*
8857 W. McNab Road
Tamarac, FL 33321

Principal Place of Business

Mailing Address

8857 W. McNab Road
Tamarac, FL 33321

REINSTATEMENT *95-97*

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

8857 W. McNab Road

4. Date Incorporated or Qualified
To Do Business in Florida

June 20, 1991

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

☒ Applied For

City & State

City & State

Tamarac, FL

65-0292125

☐ Not Applicable

Zip

Country

Zip

33321

Country

Broward

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
P	Martin Luytjes	6890 SW 88 St., Unit B-4	Miami, FL 33156
T	Michael Zigman	21528 Woodchurch Way	Boca Raton, FL 33428
S	David Daniels	3910 NW 23 Pl	Coconut Creek, FL 33066
D	Andrea Moore	10665 NW 7th Place	Coral Springs, FL 33071
D	Gareth Steele	5601 SW 1st Ct.	Plantation, FL 33317
D	Rhonda Shore	11850 NW 31 St.	Sunrise, FL 33323

8. Name and Address of Current Registered Agent

Martin Luytjes
6890 SW 88 St., Unit B-4
Miami, FL 33156

9. Name and Address of New Registered Agent

Name

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

800002227378--5

Suite, Apt. #, Etc.

-07/01/97-01025-010

City

***358.75

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

Martin Luytjes
Martin Luytjes

REGISTERED AGENT MUST SIGN

Date

5/17/97

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. 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: Martin Luytjes

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/17/97

Date

Daytime Phone #

CR2E040 (12/96)