

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
REINSTATEMENT



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

DOCUMENT # **N48932**

1. Corporation Name

**BRITISH AMERICAN CHAMBER OF COMMERCE OF GREATER
FORT LAUDERDALE, INC.**

Principal Place of Business

**2550 N FED HWY
STE 13
FT LAUDERDALE FL 33305
US**

Mailing Address

**2550 N FED HWY
STE 13
FT LAUDERDALE FL 33305
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

04-20-99 - 90137 - 044

#61-25

4. Date Incorporated or Qualified
To Do Business in Florida

05/14/1992

5. FEI Number

65-0371080

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	4 City / State / Zip
TD	RANKIN, JANE	1 E BROWARD BLVD STE 1800	FORT LAUDERDALE FL
PD	SHERWIN, LINDA	2550 N FEDERAL HWY STE 3	FT LAUDERDALE FL
D	BEACH, ANNA	2550 NO FEDERAL HIGHWAY	FORT LAUDERDALE FL
SEP	KIMMICK, SHIRLEY	2550 N FEDERAL HIGHWAY #3	FORT LAUDERDALE FL
C	DESMOND, DAVID AC	639 80 FEDERAL HIGHWAY	FORT LAUDERDALE FL
D	Dolph DuMont	1531 SE 13 Street	Fort Lauderdale FL
VD	GARY HARDESTY	9715 W Broward Blvd #252	Plantation FL

8. Name and Address of Current Registered Agent

**RANKIN, JANE C
1 EAST BROWARD BLVD.
STE 1800
FORT LAUDERDALE FL 33307**

9. Name and Address of New Registered Agent

Name
Linda Sherwin
Street Address (P.O. Box Number is Not Acceptable)
511 SE 3rd Terrace
Suite, Apt. #, Etc.
Pompano Beach
City
FL State
33060 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.

Signature of
Registered Agent

Linda H. Sherwin
REGISTERED AGENT MUST SIGN

Date **10/26/99**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Linda H. Sherwin

10/26/99
Date

954-536-1813
Daytime Phone #