

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1 of 2

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 FEB -3 AM 9:44

DOCUMENT # n49981

1. Corporation Name

Birch Park Finger Streets Association, Inc.

2. Principal Office Address

1995 E.Oakland Park

3. Mailing Office Address

1995 E.Oakland Park

Suite, Apt. #, etc.

Blvd - Ste 105

Suite, Apt. #, etc.

Blvd - Ste 105

City & State

Ft. Lauderdale, Fl

City & State

Ft. Lauderdale, Fl

Zip

33306

Country

Zip

333066

Country

REINSTATEMENT

04-06

CR2E081 (12/05)

4. Date Incorporated or Qualified
To Do Business in Florida

07/22/1992

5. FEI Number

65-11354048

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$5.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Richard W. Morrison

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

1995 E. Oakland Park Blvd.

Suite, Apt. #, Etc.

105

City

Ft. Lauderdale,

State

FL

Zip Code

33306

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

REGISTERED AGENT MUST SIGN

Date

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
P/D	Richard W. Morrison	1995 E. Oakland Park Blvd.	Ft. Lauderdale, Fl
V/D	Mollie McClure Meyers	1541 N, Atlantic Blvd	Ft. Lauderdale, Fl
T/D	Marlene Weiss	3320 N.E. 16 Court	Ft. Lauderdale, Fl
S/D	Stephen P. Lange	7 S.E 13 Arewwr	Ft. Lauderdale, Fl
D	Richard Blanchar	4401 Tradwinds Ave.	Lauderdale-By-Sea Fl

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:

Richard W. Morrison
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

01.28.06 954-610-1788

Daytime Phone #

242

Birch Park Finger Streets Association, Inc.
1995 E. Oakland Park Blvd. – Suite 105
Oakland Park, FL 33306

Florida Department of State
Secretary of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

January 28, 2006

Re: Request of Waiver of Reinstatement Fee

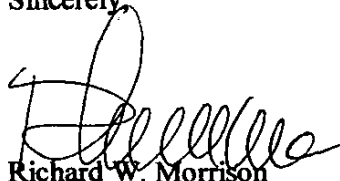
Gentlemen,

Enclosed please find Application for Corporation Reinstatement and check in the amount of \$ 183.74 payable to Division of Corporations for reinstatement fee without penalty.

Due to change in address, the Corporation did not receive annual report notices in the year of dissolution/revocation.

Thanking you in advance for granting our request, we remain,

Sincerely,

A handwritten signature in dark ink, appearing to read 'R. Morrison', written over the printed name.

Richard W. Morrison
President