

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT
 FLORIDA DEPARTMENT OF STATE
 Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

99 OCT 29 PM 3:46

DOCUMENT # N93000000638

1. Corporation Name

SPECIALTY AGENTS OF BROWARD COUNTY, INC.

Principal Place of Business

Mailing Address

112 NORTH OCEAN BV
 POMPANO BEACH FL 33062

112 NORTH OCEAN BV
 POMPANO BEACH FL 33062



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

4. Date Incorporated or Qualified To Do Business in Florida

02/15/1993

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0375562

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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
PD	CHRISTINE SPRINGER CROWLEY, CHRISTINE	640 N FEDERAL HIGHWAY 10828 W. ATLANTIC BLVD	FT LAUDERDALE FL 33304 MARGATE FL 33063
VPD	CROWLEY, CHRISTINE MARCUS, CRAIG	7441 BOWNE PALM BLVD. 2863 W. BROWARD BLVD	MARGATE FL FT LAUDERDALE FL
SD	SHERRIE WILLIAMS	112 N OCEAN BLVD.	POMPANO BEACH FL
TD	MURPHY, NORMAN SHERRIE WILLIAMS	640 N FEDERAL HIGHWAY 112 N OCEAN BLVD	FT LAUDERDALE FL 33304 POMPANO Bch FL

5-3-99 90031 047 615

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

~~CHRISTINE SPRINGER~~
~~640 N FEDERAL HIGHWAY~~
 FT LAUDERDALE FL 33304

Sherrie Williams
 112 N. Ocean Blvd
 Pompano Beach Fl
 33062

Name

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

Suite, Apt. #, Etc.

City

State

FL

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

Sherrie Williams

REGISTERED AGENT MUST SIGN

Date

10-14-99

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:

Sherrie Williams SHERRIE WILLIAMS

Date

10-14-99

Daytime Phone #

(954) 9468800

CP22040 (8/99)