PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED
99 JUN 24 AM 10:34
TALLAHASSEE, FLORIDA

DOCUMENT # N95000000506

1. Corporation Name
Broward County Foster Parent Association INC.

Principal Place of Business	Mailing Address
107 Allen Road Hollywood, FL 33023	P.O. Box 16192 Plantation, FL 33318

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

REINSTATEMENT 97-99

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida: 2-1-95

5. FEI Number: 65-0557428 ☐ 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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P	Linda Day D	107 Allen Road, [redacted] D	Hollywood, FL 33023
VP	Janet Hendricks D	18185 SW 26 Court D	Miramar, FL 33029
VP	Patty Altmark D	4904 NW 102 Terrace D	Pembroke Pines, FL 33026
T	Ron Redferm D	5240 SW 8th Street D	Plantation, FL 33317
S	Irma Pulliam D	2618 Tortugas Lane D	Ft. Lauderdale, FL 33312
S	Rhonda Allen D	7451 NW 6 Ct D	Plantation, FL 33317

8. Name and Address of Current Registered Agent

Linda Day
107 Allen Road
Hollywood, FL 33023

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City State: FL Zip Code

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*****[illegible]

CR2E081 (12/98)

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 Day Pres. REGISTERED AGENT MUST SIGN

Date: 5/14/99

11. This corporation owes the current year Intangible Personal Property Tax due June 30. 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: Linda Day Pres.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/14/99
Date

9549667620
Daytime Phone #