

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith,
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 JAN 27 PM 3:57

DOCUMENT # **N95000003556**

1. Corporation Name

COMMUNITY COUNCIL OF SOUTH BROWARD, INC.

SECRETARY OF STATE
TALLAHASSEE FLORIDA

000009346380
12/04/02--01034--011 **236.25

Principal Place of Business

Mailing Address

3201 W. HALLANDALE BCH BLVD
PEMBROKE PARK FL 33009

3201 W. HALLANDALE BCH BLVD
PEMBROKE PARK FL 33009



REINSTATEMENT 02

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

07/25/1995

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0612185

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☐

\$9.75 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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
TD	SOUCY, MICHAEL <i>MARATHAL. Zouad</i>	5121 SW 26TH CT <i>55305. W 365T Hollywood</i>	PEMBROKE PARK FL 33023
PD	PRICE, MARVIN <i>MARVIN PRICE</i>	4001 SW 25 ST	HOLLYWOOD FL 33023 -4405
DV	ROACH, ELLEN <i>THOMAS DORSETT</i>	2621 SW 48 TERR. <i>4760 SW 206st</i>	PEMBROKE PARK FL 33023 <i>CARVER RANCHES.</i>
SD	BOWSER, HENDRIKA <i>Carolyn M. Hardy</i>	5761 SW 40 COURT <i>4430 SW 18 St</i>	HOLLYWOOD FL 33023 <i>West Hollywood 33023</i>

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

PRICE, MARVIN
4001 SW 25 COURT
HOLLYWOOD FL 33023-4405

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. or 617.0505, F.S.

Signature of
Registered Agent

[Signature]
REGISTERED AGENT MUST SIGN

Date

10/23/02

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1-28-03

Daytime Phone #

CR2E040 (8/02)