

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED

00 MAR 16 PM 12:53

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **N95000005299**

1. Corporation Name

SOUTH COUNTY COALITION, INC.

Principal Place of Business

8622 VISTA DEL BOCA DRIVE
 BOCA RATON FL 33433

Mailing Address

8622 VISTA DEL BOCA DRIVE
 BOCA RATON FL 33433

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

REINSTATEMENT 99-00

4. Date Incorporated or Qualified To Do Business in Florida

11/03/1995

5. FEI Number

65-0649931

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
PD	SHORE, BENJAMIN D	8622 VISTA DEL BOCA DRIVE	BOCA RATON FL 33433
VD	WALLICK, DAVID	21863 ARRIBA REAL	BOCA RATON FL 33433
SD	KAUSH, LESTER FICHTER, LYNNE	21213 LAGO CIRCLE 8625 VISTA DEL BOCA DRIVE	BOCA RATON FL 33433
TD	ULLMAN, JEFFREY FORDHAM, ROBERT	21112 MADRIA CIRCLE 8630 VISTA DEL BOCA DRIVE	BOCA RATON FL 33433
			300003222109--6
			-04/25/00--01010--016
			****306.25 ****306.25

8. Name and Address of Current Registered Agent

SHORE, BENJAMIN D
 8622 VISTA DEL BOCA DRIVE
 BOCA RATON FL 33433

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 _____

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

Signature
SIGNATURE REQUIRED
 REGISTERED AGENT MUST SIGN

Date **2-1-2000**

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 REQUIRED
 SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **2-1-2000**

Daytime Phone # **561 479-4995**

BENJAMIN D. Shore President

CR2E040 (8/99)