

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR  
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS



FILED

98 FEB 25 AM 7:48

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 196-00000635

1. Corporation Name  
DEERFIELD BEACH FOUNDERS  
DAY INC.

Principal Place of Business Mailing Address

325 SE 3RD TERR.  
DEERFIELD BEACH, FLORIDA  
33441

500002443065--9  
-02/27/98--01099--011  
\*\*\*\*306.25 \*\*\*\*306.25

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

|   |  |   |
|---|--|---|
| 2. New Principal Office Address, If Applicable<br><u>325 SE 3RD TERR</u><br>Suite, Apt. #, etc. | 3. New Mailing Office Address, If Applicable<br><u>SAME</u><br>Suite, Apt. #, etc. | 4. Date Incorporated or Qualified To Do Business in Florida<br><u>2/1/96</u>  |
| City & State<br><u>DEERFIELD BEACH, FLA</u>   | City & State   | 5. FEI Number<br><u>NON PROFIT</u>  |
| Zip<br><u>33441</u>   | Country<br><u>BRUNNED</u>  | 6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$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                     |
|------------|-------------------------------------|---|--|
| CHAIRMAN   | D MARSHALL HOLLAND                  | <u>325 SE 3RD TERR-</u>   | <u>DEERFIELD BEACH<br/>FLORIDA 33441</u> |
| PRES.      | D PAT MILLER                        | <u>318 SW 34 AVE</u>  | <u>DEERFIELD BEACH<br/>FLORIDA 33441</u> |
| TREASUR.   | D KELLY BEST                        | <u>307 SE 14 PLACE</u>  | <u>DEERFIELD BEACH<br/>FLORIDA 33441</u> |
| SEC.       | D SUE HANSON                        | <u>531 SE 4TH ST</u>  | <u>DEERFIELD BEACH<br/>FLORIDA 33441</u> |
| V.P.       | D WILLIAM V. DERIN                  | <u>414 NE 2ND ST</u>  | <u>DEERFIELD BEACH<br/>FLORIDA 33441</u> |

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

|  |  |
|--|--|
| ? <b>REINSTATEMENT</b> <u>97-98</u><br><u>SL 2-26-98</u> | Name<br><u>WILLIAM V. DERIN</u>  |
|  | Street Address (P.O. Box Number is Not Acceptable)<br><u>414 NE 2ND ST</u> |
|  | Suite, Apt. #, Etc.  |
|  | City<br><u>DEERFIELD BEACH</u>   |
| State<br><u>FL</u>                                       | Zip Code<br><u>33441</u>   |

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 William V Derin  
REGISTERED AGENT MUST SIGN

Date 2/6/98

11. This corporation owes or has paid 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2000 (1/98)