PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

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

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 AUG 10 PM 3:33

DOCUMENT # N96000002430

1. Corporation Name

Fire Chief's Association of Broward County, Inc

2. Principal Office Address

7501 NW 88 Avenue

Suite, Apt. #, etc.

City & State

Tamarac, FL

Zip 33321 Country Broward

3. Mailing Office Address

same

Suite, Apt. #, etc.

City & State

Zip Country

REINSTATEMENT 09-01

4. Date Incorporated or Qualified To Do Business in Florida 5/3/1996

5. FEI Number 59-2480099 — Applied For [ ] Not Applicable [ ]

6. CERTIFICATE OF STATUS DESIRED [X] $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: Jim Budzinski

Street Address (P.O. Box Number is Not Acceptable): 7501 NW 88 Avenue

Suite, Apt. #, Etc.:

City: Tamarac State: FL Zip Code: 33321

297.50-Adm
61.25-AR
8.75 Cert
100004547631---3
-08/21/01--01077-004
****367.50 ****367.50

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent: Jim Budzinski Date: 8/6/01

REGISTERED AGENT MUST SIGN

CR2E081 (9/00)

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	Jim Budzinski	7501 NW 88 Avenue	Tamarac, FL 33321
D	Randy Burrough	3401 Hollywood Blvd	Hollywood, FL 33021
D	Richard Sievers	3461 NW 43 Avenue	Lauderdale Lakes, FL 33319
T	Jim Henson	2100 NW 39 Street	Oakland Park, FL 33309

10. 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: Jim Budzinski JIM BUDZINSKI 8/6/01 (954) 724 2436

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #