

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

14 MAR -7 AM 8:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N97000000151

1. Corporation Name

SOUTH BROWARD ADMINISTRATIVE AND REPORTING, INC.

2. Principal Office Address - No P.O. Box #

3501 JOHNSON STREET

Suite, Apt. #, etc

3. Mailing Office Address

3329 JOHNSON STREET

Suite, Apt. #, etc

City & State

HOLLYWOOD, FL

City & State

HOLLYWOOD, FL

Zip

33021

Country

USA

Zip

33021

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida
01/10/1997

5. FET Number

650811001

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED
YES

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

KIMARIE STRATOS

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

3329 JOHNSON STREET

Suite, Apt. #, Etc.

City

HOLLYWOOD

State

FL

Zip Code

33021

REINSTATEMENT

900257584929
03/07/14--01030--002 **306.25

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

[Handwritten Signature]
REGISTERED AGENT MUST SIGN

Date FEB. 28, 2014

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
PD	JOHN A. BENZ	3501 JOHNSON STREET	HOLLYWOOD, FL 33021
D	AURELIO FERNANDEZ	3501 JOHNSON STREET	HOLLYWOOD, FL 33021
D	MATTHEW MUHART	3501 JOHNSON STREET	HOLLYWOOD, FL 33021

10. E-mail Address: tlglesias@mhs.net

(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

[Handwritten Signature]
JOHN A. BENZ PRESIDENT/DIRECTOR

2/26/14

Date

954-265-5933

Daytime Phone #