

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 NOV 18 PM 3:24

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N97000006017

1. Corporation Name

THE FIREFIGHTERS' OPTIMIST CLUB OF LAUDERDALE BY THE SEA, FLORIDA, INC.

Principal Place of Business

4331 W TRADEWINDS AVE  
LAUDERDALE BY THE SEA FL 33308

Mailing Address

4331 W TRADEWINDS AVE  
LAUDERDALE BY THE SEA FL 33308



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

REINSTATEMENT 98

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

10/24/1997

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0805640

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P/P	JAMES SILVERSTONE	205 WASHINGTONIA	LAUDERDALE BY THE SEA FL 33308
V/D	LORENE PARKER	4331 W TRADEWINDS AVE	LAUDERDALE BY THE SEA FL 33308
S/T/D	OLIVER PARKER	4331 W TRADEWINDS AVE	LAUDERDALE BY THE SEA, FL 33308

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11/25/98-01071-000  
\*\*\*\*245.00 \*\*\*\*245.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

PARKER, OLIVER  
4331 W TRADEWINDS AVE  
LAUDERDALE BY THE SEA FL 33308

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]* REQUIRED  
REGISTERED AGENT MUST SIGN

Date

11/13/98

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 #

11/13/98

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332-  
6468