

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

DOCUMENT # **N98000000904**

1. Corporation Name

**THE BROWARD COUNTY COMMUNITY ACTION AGENCY, INC**

Principal Place of Business

Mailing Address

**2995 NORTH DIXIE HIGHWAY,  
FORT LAUDERDALE FL 33304**

**2995 NORTH DIXIE HIGHWAY  
FORT LAUDERDALE FL 33304**

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

2. New Principal Office Address, If Applicable  
**2633 NE 3 Ave.**  
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable  
**2633 NE 3 Ave.**  
Suite, Apt. #, etc.

4. Date Incorporated or Qualified  
To Do Business in Florida

**02/16/1998**

5. FEI Number

**65-081 5166**

Applied For

Not Applicable

City & State  
**Wilton Manors FL**  
Zip  
**33334** Country  
**USA**

City & State  
**Wilton Manors FL**  
Zip  
**33334** Country  
**USA**

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	POITIER, SYLVIA	<del>115 SOUTH ANDREWS AVENUE</del> <b>285 SW 1st Terrace</b>	<del>FORT LAUDERDALE FL 33301</del> <b>Deerfield Beach, FL 33441</b>
VD	ROSS, DOROTHY	308 SOUTH DIXIE HIGHWAY	HALLANDALE FL 33009
STD	GREENE, EDEE	1639 N.E. 28TH STREET	WILTON MANORS FL 33305
D	JONES, TYSON	4421 N.W. 21ST STREET	LAUDERHILL FL 33313
D	PRATT, RICHARD	524 N.E. 31ST COURT	WILTON MANORS FL 33309
D	<del>MCCOY, LEOLA</del> <b>Gretchen Thompson</b>	<del>1730 N.W. 24TH TERRACE</del> <b>900 NW 31 Ave</b>	<del>FORT LAUDERDALE FL 33311</del>

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**ALLSWORTH, E S ESO  
1177 S.E. THIRD AVENUE  
FORT LAUDERDALE FL 33316**

Name  
**SAME**  
Street Address (P.O. Box Number is Not Acceptable)  
**000003071730--0**  
Suite, Apt. #, Etc.  
**-12/15/99--01096--009**  
City  
**\*\*\*236.25 \*\*\*236.25**  
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 **E. Scott Albright**  
REGISTERED AGENT MUST SIGN

Date **11-10-98**

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: **Edce Lane**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**EDCE GRBAND - Secretary - Director**

Date **11-29-99** (154)  
Daytime Phone # **765-2550**

**KE**

CR22140 (8/99)