

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT

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

APPROVED
AND
FILED

Blair

DOCUMENT # N98000003820

00 OCT 18 AM 7:32

1. Corporation Name

THE DISTRICT VIII COMMUNITY COUNCIL, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

2525 ARVIDA PARKWAY
WESTON FL 33326

Mailing Address

2525 ARVIDA PARKWAY
WESTON FL 33326



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

2. New Principal Office Address, If Applicable

17300 ARVIDA PKWY
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

17300 ARVIDA PKWY
Suite, Apt. #, etc.

4. Date Incorporated or Qualified
To Do Business in Florida

06/29/1998

5. FEI Number

65-0847256

Applied For

Not Applicable

City & State

Weston, FL
Zip 33326 Country USA

City & State

Weston, FL
Zip 33326 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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P / D	PERKIN, MJ	70R HERITAGE DR	WESTON FL 33326
VP / D	SHAW, JACK	1123 HICKORY WAY	WESTON FL 33327
T / D	BLOCK, ALLAN	3058 LAKEWOOD DR	WESTON FL 33332
S	CRANE, SUZAN	2538 EAGLE RUN CIRCLE	WESTON FL 33327
D	GARAN, STEPHEN	2538 EAGLE RUN CIRCLE	WESTON FL 33327
D	GRIMSON, BARRY	1043 LAGUNA SPRINGS DR	WESTON FL 33327

8. Name and Address of Current Registered Agent

PERKIN, M J / e/o District VIII Community Council
17300 ARVIDA PARKWAY
WESTON FL 33326

9. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City State Zip Code
FL

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

REGISTERED AGENT MUST SIGN

Date 10/16/00

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:

Signature and Typed or Printed Name of Signing Officer or Director: Allan Block, Treasurer, Allan Block

Date

10/16/00

Daytime Phone #

954-389-0992

CR20040 (8/00)

THE DISTRICT VIII COMMUNITY COUNCIL, INC.

10/16/2000

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Document#N98000003820

Gentlemen:

Enclosed please find Application for reinstatement.

Note that we understand that our original report that was sent in with payment in April was sent back to us. We never received it as we were in process of moving.

Enclosed is copy of original payment made in April.

Very truly yours,



Allan Block

Treasurer

17300 ARVIDA PARKWAY
WESTON, FL 33326

954-389-2010

Fax: 954-384-8672

ALZBEE@Bellsouth.net

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