

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1 of 2

**CORPORATION
REINSTATEMENT**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 Jan 9 PM 4:00

DOCUMENT # P00000014702

1. Corporation Name

BROWARD Contracting Corp.

700004785507--0
-01/22/02--01020--016
****308.75 ****308.75

2. Principal Office Address

2375 SW 66 Terr.

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

DAVIE

City & State

FLORIDA

Zip

33317

Country

BROWARD

Zip

Country

**4. Date Incorporated or Qualified
To Do Business in Florida**

2-10-2000

5. FEI Number

65-0991129

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

☒ \$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Steve Miller

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

2375 SW 66th Terr.

Suite, Apt. #, Etc.

City

DAVIE

State
FL

Zip Code

33317

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

[Signature]

Date 1226 01

REGISTERED AGENT MUST SIGN

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
PRES.	William Hobart	2442 Jackson St.	Hollywood, FL.
VP	Steve Miller	8961 NW 5th St.	Pembroke Pines FL 33024

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:

[Signature] Steve Miller
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1226 01

Date

Daytime Phone #

954-656-4267

CR2E081 (9/00)

REG # P00000014702

122601 -2-

TO WHOM IT MAY CONCERN:

I NEVER RECEIVED THE 2001 REGISTRATION FORM DUE TO THE POST OFFICE NOT BEING ABLE TO DELIVER. I AM ENCLOSED \$150.00 FOR 2001 AND 150.00 FOR 2002.

Thank you,

Steve Miller