

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 OCT 10 AM 9:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000112213

1. Corporation Name

BROWARD REAL ESTATE
CENTER, INC.

2. Principal Office Address

7071 TAFT ST.

3. Mailing Office Address

7071 TAFT ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

HOLLYWOOD, FL

City & State

HOLLYWOOD, FL

Zip

33024

Country

USA

Zip

33024

Country

USA

REINSTATEMENT 03

4. Date Incorporated or Qualified
To Do Business in Florida

2/2006

5. FEI Number

65-1071044

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

ANGELA M. CLARK

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

7071 TAFT STREET

300023713233

10/10/03--01076--007 **150.00

Suite, Apt. #, Etc.

City

HOLLYWOOD

State

FL

Zip Code

33024

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

Angela M. Clark

REGISTERED AGENT MUST SIGN

Date

10/6/03

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
<u>P/s</u>	<u>ANGELA M. CLARK</u>	<u>10590 SW 42 CT</u> <u>DAVIE, FL 33328</u>	<u>DAVIE, FL</u> <u>33328</u>
<u>VP/s</u>	<u>ROSE M. DEFALCO</u>	<u>11802 SW 59 CT</u>	<u>DAVIE, FL 33328</u>

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:

Angela M. Clark

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/6/03 954-258-9581

Daytime Phone #

CR2E081 (10/02)

21 10/13

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2002 8:00 a
Secretary of State

05-16-2002 90055 032 ***150.00

DOCUMENT # **P 00000112213**

1. Entity Name

Broward Real Estate Center Inc

NEW ADDRESS

Principal Place of Business

Mailing Address

**7071 Telford Street
 Holly wood, FL 33024**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1071044

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**Angela M. Clark
 7071 Telford St.
 Holly wood, FL 33024**

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/30/02

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ (See criteria on back)

FILE NOW!!! FEE IS \$150.00

After May 1, 2002 Fee will be \$550.00

Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE **D-VP/S** ☐ Delete
 NAME **Angela M. Clark**
 STREET ADDRESS **10590 S.W. 42CT.**
 CITY-ST-ZIP **DAVIE, FL 33328**

TITLE **D-T/P** ☐ Delete
 NAME **ROSE M. DEFALCO**
 STREET ADDRESS **11802 SW 59CT**
 CITY-ST-ZIP **DAVIE, FL 33328**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D-VP/S** ☒ Change ☐ Addition
 NAME **ANGELA M. CLARK**
 STREET ADDRESS **10590 SW 42CT**
 CITY-ST-ZIP **DAVIE, FL 33328**

TITLE **D-VP/T** ☒ Change ☐ Addition
 NAME **ROSE M. DEFALCO**
 STREET ADDRESS **11802 SW 59CT**
 CITY-ST-ZIP **DAVIE, FL 33328**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

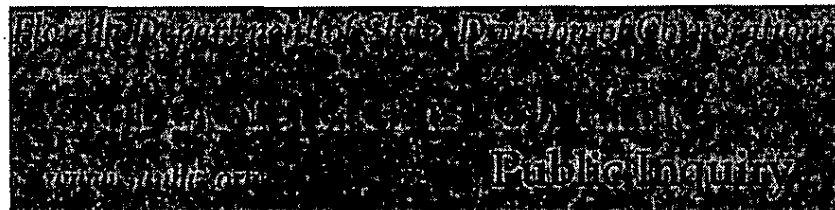
TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 687, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address with all other like empowered.

ANGELA M. CLARK

MOST
RECENT
RETURN



Florida Profit

BROWARD REAL ESTATE CENTER, INC.

HOW DO
WE
CHANGE
ADDRESSES

PRINCIPAL ADDRESS
120 E OAKLAND PARK BLVD
#105
FT LAUD FL 33346-1106
Changed 04/28/2001

MAILING ADDRESS
120 E OAKLAND PARK BLVD
#105
FT LAUD FL 33346-1106
Changed 04/28/2001

OLD
ADDRESS

LETTER

ANNUAL

REPORT

NEVER
RECEIV

\$150 2003

PLEASE

DATE FILED
2/01/2000
CORRECT

Document Number
P00000112213

FEI Number
651071044

State
FL

Status
INACTIVE

Effective Date
NONE

Last Event
ADMIN DISSOLUTION
FOR ANNUAL REPORT

Event Date Filed
09/19/2003

Event Effective Date
NONE

HOW TO
CORRECT

Registered Agent

Name & Address
CLARK, ANGELA M 7071 TAFT STREET HOLLYWOOD FL 33024

Officer/Director Detail

Name & Address	Title
CLARK, ANGELA M 10590 SW 42 CT DAVIE FL 33328	VPD
DEFALCO, ROSE MARIE	

MEMORANDUM

TO: FLORIDA DEPARTMENT OF STATE, DIVISION OF
CORPORATIONS

FROM: BROWARD REAL ESTATE CENTER

SUBJECT: REINSTATEMENT

DATE: 10/3/2003

CC:

We never received the uniform business report. Our address was changed to 7071 Taft Street but it seems you still have the old address of 120 E. Oakland Park Blvd. Please correct address to 7071 Taft Street, Hollywood, Fl 33024.