

**CORPORATION
REINSTATEMENT**



FILED

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Corporation Name

BROWARD COUNTY SPORTS HALL OF FAME

500158272365
07/08/09--01040--013 **1050.00

CR2E081 (12/08)

2. Principal Office Address - No P.O. Box #
7171 N. FEDERAL HIGHWAY

3. Mailing Office Address
7171 N. FEDERAL HIGHWAY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
BOCA RATON, FLORIDA

City & State
BOCA RATON, FLORIDA

Zip	Country
33487	USA

Zip	Country
33487	USA

4. Date Incorporated or Qualified To Do Business in Florida 08/21/02

5. FEI Number
55-0799673

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
PATRICK W. LAWLOR

Street Address (P.O. Box Number is Not Acceptable)
7171 N. FEDERAL HIGHWAY

Suite, Apt. #, Etc.

City
BOCA RATON.

State FL	Zip Code 33487
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☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

Date 06/15/09

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
P	PATRICK W. LAWLOR	7171 N. FEDERAL HIGHWAY	BOCA RATON, FL 33487
	REINSTATEMENT		
	RH		

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 contained in Chapter 119, 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:

PRESIDENT

06/15/09

561-289-8606

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____

Daytime Phone # _____