

P14000035065

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

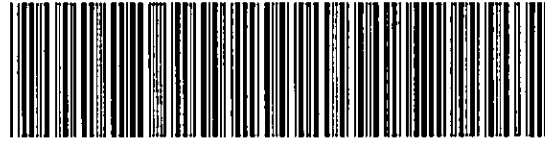
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

11/12/21

Office Use Only



200374758682

10/12/21--01021--022 \*\*35.00

FILED  
2021 NOV 12 PM 4:46  
SECRET  
11/12/21



2021 NOV 12 PM 8:09

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 19, 2021

EMMANUEL DEMEZIER  
4000 NORTH STATE RD 7 #409-B  
LAUDERDALE LAKE, FL 33319

SUBJECT: BROWARD MULTISERVICES CORP  
Ref. Number: P14000035065

Upon receipt of your letter and/or check(s) totaling \$35.00, no document was found. Please send your document with any fees due to:

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

Please return a copy of this letter to ensure your money is properly credited.

The above listed entity was administratively dissolved, or its certificate of authority was revoked, for failure to file its 2016 annual report in a timely manner. To reinstate the entity, you must file the reinstatement, and pay the appropriate fees, online at our [www.sunbiz.org](http://www.sunbiz.org). Please select 'Reinstatement' under the 'Filing Services' menu and then click on the 'File Reinstatement' button and follow the prompts. You will have the option to pay by credit/debit card; or by check or money order.

Articles of Amendment can only be filed for an active entity.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Querida R Silas  
Regulatory Specialist II

Letter Number: 521A00025394

**TO: Amendment Section**  
**Division of Corporations**

**Street Address**  
Amendment Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

Articles of Amendment  
to  
Articles of Incorporation  
of

BROWARD MULTISERVICES CORP

(Name of Corporation as currently filed with the Florida Dept. of State)

P14000035065

(Document Number of Corporation (if known))

FILED

2021 MAR 12 PM 4:45

SECRET, BY DE STATE

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

BROWARD MULTISERVICES GROUP CORP The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co.". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."

B. Enter new principal office address, if applicable:  
(Principal office address MUST BE A STREET ADDRESS)

4000 NORTH STATE RD 7 #409-C  
LAUDERDALE LAKES, FL 33319

C. Enter new mailing address, if applicable:  
(Mailing address MAY BE A POST OFFICE BOX)

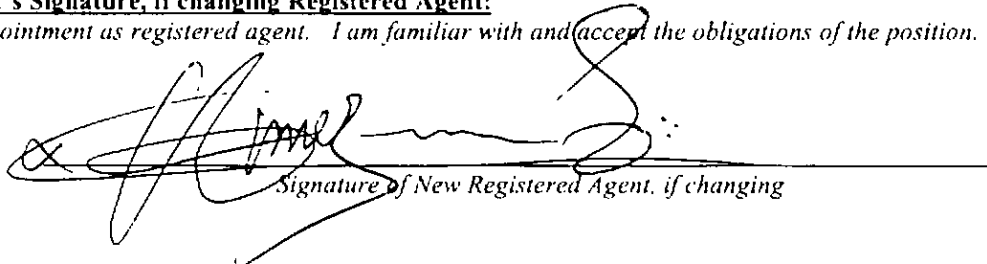
4000 NORTH STATE RD 7 #409-C  
LAUDERDALE LAKES, FL 33319

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent EMMANUEL DEMEZIER  
4000 NORTH STATE RD 7 #409-C  
(Florida street address)  
New Registered Office Address: LAUDERDALE LAKES, Florida 33319  
(City) (Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

  
Signature of New Registered Agent, if changing

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (c), F.S.

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change. Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

**Example:**

<u>X</u> Change	<u>PT</u>	<u>John Doe</u>
<u>X</u> Remove	<u>V</u>	<u>Mike Jones</u>
<u>X</u> Add	<u>SV</u>	<u>Sally Smith</u>

Type of Action  
(Check One)

Title

Name

Address

1)      Change

X Add

     Remove

2) X Change

     Add

     Remove

3)      Change

     Add

     Remove

4)      Change

     Add

     Remove

5)      Change

     Add

     Remove

6)      Change

     Add

     Remove

<u>PT</u>	<u>DEMEZIER, EMMANUEL</u>	<u>4000 NORTH STATE RD 7</u> <u># 409-C</u> <u>LAUDERDALE LAKES, FL 33319</u>
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<u>V</u>	<u>CHARLES, FRANTZ</u>	<u>3800 NW 2<sup>ND</sup> CT</u> <u>FORT LAUDERDALE, FL 33313</u>
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(Attach additional sheets, if necessary). (Be specific)

[illegible]

(if not applicable, indicate N/A)

[illegible]

The date of each amendment(s) adoption: \_\_\_\_\_, if other than the date this document was signed.

Effective date if applicable: \_\_\_\_\_  
(no more than 90 days after amendment file date)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s) (CHECK ONE)

☒ The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required.

☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.

☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):

"The number of votes cast for the amendment(s) was/were sufficient for approval

by \_\_\_\_\_  
(voting group)"

Dated 8-30-2021

Signature 

(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

EMMANUEL DEMEZIER

(Typed or printed name of person signing)

PRES

(Title of person signing)

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

2021 NOV 12 PM 4:46

SECRETARY OF STATE  
TALLAHASSEE, FL

900372789019  
09/02/21--01019--027 \*\*1500.00

CR2E081 (11/10)

DOCUMENT # P14000035065

1. Corporation Name

BROWARD MULTISERVICES, CORP  
4000 NORTH STATE RD 7 #409-C  
LAUDERDALE LAKES, FL 33319

2. Principal Office Address - No P.O. Box #

SAME

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

46-5440546

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

SAME

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

Suite, Apt. #, Etc

City

State

Zip Code

FL

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

8-20-21

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
PT	DEMEZIER, EMMANUEL	4000 NORTH STATE RD 7 #409-C	LAUDERDALE LAKES, FL 33319
V	CHARLES, FRANTZ	3800 NW 2ND CT	FORT LAUDERDALE, FL 33313

10. E-mail Address:

WJS CAPITAL ROCK@GMAIL.COM

(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #