

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

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DOCUMENT # P95060050633

**1. Corporation Name**

Broward International Commerce Center

**2. Principal Office Address**

230 BUSINESS PARKWAY

Suite, Apt. #, etc.

City & State

ROYAL PALM BEACH, FL

Zip

Country

33411

**3. Mailing Office Address**

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT 98-00

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

6/22/1995

**5. FEI Number**

65-0626550

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

DEVON S SAWYER

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

230 BUSINESS PARKWAY

Suite, Apt. #, Etc.

City

ROYAL PALM BEACH, FL

State  
FL

Zip Code  
33411

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\*\*\*1050.00 \*\*\*1050.00

**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]*

REGISTERED AGENT MUST SIGN

Date 5-15-00

**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	DEVON S SAWYER	230 BUSINESS PARKWAY ROYAL PALM BEACH, FL 33411	

**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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5-15-00

(561) 790-4509