

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

00 JUN 14 AM 8:28

DOCUMENT # **P96000024905**

1. Corporation Name

WEST BROWARD RECREATIONAL CENTER, INC.
411 MALLARD ROAD
WESTON, FL 33027

2. Principal Office Address

411 MALLARD ROAD

Suite, Apt. #, etc.

City & State

WESTON FL

Zip

33027

Country

USA

3. Mailing Office Address

210 SILVER CYPRESS CPA
2419 HOLLYWOOD BLVD.

Suite, Apt. #, etc.

City & State

HOLLYWOOD FL

Zip

33020

Country

USA

REINSTATEMENT 98-00

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

3/20/96

5. FEI Number

65-0655037

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

SUSAN SILVER

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

411 MALLARD ROAD

Suite, Apt. #, Etc.

400003305054-9

06/26/00 01140 107

*****1050.00 ***1050.00**

City

WESTON FL

State

FL

Zip Code

33027

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 of Susan Silver]

REGISTERED AGENT MUST SIGN

Date

6/8/00

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
PR	Susan Silver	411 mallard Rd	Weston FL 33027

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 of Susan Silver]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

6/8/00

Daytime Phone #

(954) 431-6165

CR2E081 (9/99)