

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

DOCUMENT # **P96000067761**

99 AUG -5 PM 3: 28

1. Corporation Name

KELLY'S BILLIARDS OF BROWARD COUNTY, INC.

Principal Place of Business

**1982 WOODLAKE TERRACE
 DEERFIELD BEACH FL 33442**

Mailing Address

**1982 WOODLAKE TERRACE
 DEERFIELD BEACH FL 33442**



REINSTATEMENT 97-99

If above addresses are incorrect in any way, line through incorrect information and enter correction below

2. New Principal Office Address, If Applicable

4849 COCONUT CREEK Pkwy

3. New Mailing Office Address, If Applicable

4849 COCONUT CREEK Pkwy

4. Date Incorporated or Qualified To Do Business in Florida

08/14/1996

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0680727

Applied For

Not Applicable

City & State

COCONUT CREEK, FL

City & State

COCONUT CREEK, FL

Zip **33043**

Country **USA**

Zip **33063**

Country **USA**

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	TAUBER, CHRISTOPHER	1982 WOODLAKE TERRACE	DEERFIELD BEACH FL 33442
D	WEAVER, RICHARD	3016 CYPRESS EDGE DR	LAKE WORTH, FL 33467
			700002957457--4
			-08/11/99--01081--015
			***1050.00 ***1050.00
			8/18/99

8. Name and Address of Current Registered Agent

**KUSNICK, HOWARD A
 8211 W. BROWARD BOULEVARD
 SUITE 420
 FT. LAUDERDALE FL 33324**

9. Name and Address of New Registered Agent

Name **RICHARD WEAVER**
 Street Address (P.O. Box Number Is Not Acceptable) **3016 CYPRESS EDGE DR**
 Suite, Apt. #, Etc.
 City **LAKE WORTH** State **FL** Zip Code **33467**

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent **Richard L. Weaver**

REGISTERED AGENT MUST SIGN

Date **8/1/99**

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes No

(See other side for information on Intangible tax.)

12. 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: **Richard L. Weaver**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/1/99 (954) 970-0000
 Date Daytime Phone #

CRE040 (8/97)