

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FILED

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

03 DEC 22 PM 3:48

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT #

P97000099337

1. Corporation Name

BROADWAY PLACE INC

2. Principal Office Address

6840 NW 18 AVE

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33147

Country

USA

3. Mailing Office Address

1921 NW 66 ST

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33147

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

8-12-1998

5. FEE

65-0785383

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

CUTHBERT WILLIAMS

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

1921 NW 66 ST

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33169

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

Cuthbert Williams

Date

12-17-03

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	CUTHBERT WILLIAMS	1921 NW 66 ST	Miami, FL 33147

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:

Cuthbert Williams

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12-17-03

Daytime Phone #

305  
696-2232

CR2E081 (10/02)

**December 17, 2003**

**Department of State  
Division of Corporations  
P.O.Box 6327  
Tallahassee, Fl 32314**

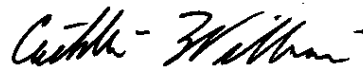
**Re: Broadway Place Inc.  
65-0785382  
Document # P97000079337**

**Dear Sirs:**

**With reference to our telephone conversation of December 16, 2003, please find enclosed, a check for one hundred and fifty dollars (\$150.00), to reinstate the abovementioned corporation. As stated in our conversation, the Uniform Business Report was never received.**

**Thanking you in advance.**

**Sincerely,**



**Cuthbert Williams  
President**