

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

00 MAR 27 PM 2:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000009920

1. Corporation Name

BROADMOOR MANAGEMENT AND RECEIVERSHIP, INC.

Principal Place of Business

37 HENDRICKS ISLE
FORT LAUDERDALE FL 33301

Mailing Address

37 HENDRICKS ISLE
FORT LAUDERDALE FL 33301



REINSTATEMENT

99-00

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

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida 02/02/1998	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 65-0831056	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	SCHNELL, WILLIAM J	TAYLOR ROAD MT. KISCO	NEW YORK NY 10549
D	SCHNELL, DENISE	TAYLOR ROAD MT. KISCO	NEW YORK NY 10549
			200003197032--8 -04/05/00--01074--028 *****900.00 *****900.00
			LS

8. Name and Address of Current Registered Agent

MEE, GLENN R
517 S.W. FIRST AVENUE
FORT LAUDERDALE FL 33301

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date 3/22/00

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., 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

212
X3-21-00 633-0710
Date Daytime Phone #