


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <b>S 87182</b> 1. Corporation Name <b>CCR of Broward Inc</b>		<b>FILED</b> <b>98 APR -3 PM 3: 54</b> SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business <b>From the home</b>		Mailing Address <b>9200 NW 53 St Sunrise FLA 33351</b>	
If above addresses are incorrect in any way, line through incorrect information and enter correction below.			
2. New Principal Office Address, If Applicable  Suite, Apt. #, etc.  City & State  Zip		3. New Mailing Office Address, If Applicable  Suite, Apt. #, etc.  City & State  Zip	
Country <b>Broward</b>		Country	
4. Date Incorporated or Qualified To Do Business in Florida <b>Oct 15, 1991</b>		5. FEI Number <b>65-0303954</b>	
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>		<b>\$8.75 Additional Fee required for a Certificate of Status</b>	
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
President	Cathleen Michaud	9200 NW 53 St Sunrise FLA 33351	Sunrise FLA 33351
Vice president	Roger Michaud	9200 NW 53 St	Sunrise FLA 33351
			700002482037--8 -04/08/98--01009--015 ***1350.00 ***1350.00
			700002482037--8 -04/08/98--01009--016 *****8.75 *****8.75
8. Name and Address of Current Registered Agent  <b>Cathleen Michaud Cathleen Michaud</b>		9. Name and Address of New Registered Agent  Name <b>Cathy Michaud</b> Street Address (P.O. Box Number is Not Acceptable) <b>9200 NW 53 St</b> Suite, Apt. #, Etc. <b>Sunrise FLA 33351</b> City <b>FL</b> Zip Code <b>33351</b>	
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 <b>Cathleen Michaud</b>		Date  <b>REGISTERED AGENT MUST SIGN</b>	
11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> (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: <b>Cathleen Michaud</b> <b>Cathleen Michaud</b> April 1, 1998 741-3791			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #			