

FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM 8:50

CORPORATION
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONSSECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT #

V07916

1. Corporation Name

THE CONNECTION INC OF BROWARD

2. Principal Office Address

603 PLANTATION DR

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

TITUSVILLE, FL

City & State

Zip

32780

Country

USA

Zip

Country

REINSTATEMENT

99-04

4. Date Incorporated or Qualified
To Do Business in Florida

1-22-92

5. FEI Number

59-3111535

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

BARBARA REAP

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

603 PLANTATION DR

Suite, Apt. #, Etc.

600028310836

02/05/04--01066--026 ***90.00

City

TITUSVILLE

State

FL

Zip Code

32780

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

Barbara Reap

Date

2/3/04

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
PRES	BARBARA REAP	603 - Plantation DR TITUSVILLE FL 32780	TITUSVILLE, FL 32780
V.PRES	ELIZABETH MONTAGNE	603 Plantation DR TITUSVILLE FL 32780	TITUSVILLE, FL 32780

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:

Barbara Reap Barbara Reap

2/3/04 321-383-8511

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (01/04)