

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

99 JAN 11 AM 10:50

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # 765095 **W98-29086**
 1. Corporation Name
 POLICE RESERVE ASSOCIATION OF FLORIDA INC.

Principal Place of Business Mailing Address
 1415 GLENEAGLES WAY 1415 GLENEAGLES WAY
 ROCKLEDGE FL 32955 ROCKLEDGE FL 32955

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

REINSTATEMENT

rec'd 1/11/99
94-99

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		09/17/82	
City & State		City & State		5. FEI Number	
Zip		Country		59-2761105	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input checked="" 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)			
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
PD	DONALD S PIRSON	1415 GLENEAGLES WAY	ROCKLEDGE FL 32955
VD	DAWN LEVY	5901 APPLECROSS ST N.	ST PETERBURG FL 33709
PD	MARTIN COUNTERMAN	22316 LARAMORE	PORT CHARLOTTE FL 33952
TD	FRED HALL	125 MCIVER LANE	ROCKLEDGE FL 32955
M.	DANIEL LEVY	5901 APPLECROSS ST N.	ST PETERSBURG FL 33709
500002746955-5		500002746955-5	
-01/19/99-01142-027		-01/19/99-01142-026	
****490.00 ****490.00		*****61.25 *****61.25	

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
DONALD S PIRSON 1415 GLENEAGLES WAY ROCKLEDGE FL 32955		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		Suite, Apt. #, Etc.	
		City	State FL

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: *Donald S Pirson* REGISTERED AGENT MUST SIGN Date: _____

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)(l), 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: *Donald S Pirson* 12/22/98 407-631-4422
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E040 (1/98)