

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1 of 2

**2001**  
**APPLICATION FOR REINSTATEMENT**  
 FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS



**FILED**

01 NOV -8 PM 12:17

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

**DOCUMENT # 765095**  
 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~~



**REINSTATEMENT 2001**

If above addresses are incorrect in any way, line through incorrect information and enter correction below.  
 2. New Principal Office Address, If Applicable **3066 TEMPLE LANE N**  
 Suite, Apt. #, etc.  
 City & State **ROCKLEDGE FL**  
 Zip **32955** Country **FLORIDA**

3. New Mailing Office Address, If Applicable **SAME**  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

4. Date Incorporated or Qualified To Do Business in Florida **09/17/1982**  
 5. FEI Number **59-2761105** Applied For  Not Applicable   
 6. CERTIFICATE OF STATUS DESIRED  \$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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD	PIRSON, DONALD S	<del>1415 GLENEAGLES WAY</del> <b>3066 TEMPLE LANE N</b>	ROCKLEDGE FL 32955
VD	LEVY, DAWN	5901 APPLECROSS STREET N.	ST PETERSBURG FL 33709
SD	OVERTOW, CAROL	PO BOX 82	INTERLACHEN FL 32148
TD	HALL, FRED	125 MCIVER LANE	ROCKLEDGE FL 32955
M	LEVY, DANIEL	5901 APPLECROSS STREET N.	ST PETERSBURG FL 33709

8. Name and Address of Current Registered Agent  
**PIRSON, DONALD S**  
**1415 GLENEAGLES WAY**  
**ROCKLEDGE FL 32955**

9. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable) **3066 TEMPLE LANE N**  
 Suite, Apt. #, Etc.  
 City **ROCKLEDGE** State **FL** Zip Code **32955**

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* Date 11/06/01  
 REGISTERED AGENT MUST SIGN

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: *Donald S. Pirson* 11/06/01 321-6314422  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CRE040 (8/01)