PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR 96-98 REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
98 MAY -1 AM 11:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N03255

1. Corporation Name
CORAL SPRINGS FRATERNAL ORDER OF POLICE Lodge No. 87 Inc (W98-4496)

Principal Place of Business | Mailing Address
PO BOX 770-626
CORAL SPRINGS FL 33077-0626

REINSTATEMENT 96-98

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	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida: 05/23/84

5. FEI Number: N/A ☐ 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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
P	JAMES CAFFRAY	2801 CORAL SPRINGS Dr ~~CSFL~~	CORAL SPRINGS FL 33065
V	RICHARD MORRIS	2801 CORAL SPRINGS Dr	CORAL SPRINGS FL 33065
T	PAUL MASTANDO	2801 CORAL SPRINGS Dr	CORAL SPRINGS FL 33065
T	JOHN WALTERS	2801 CORAL SPRINGS Dr	CORAL SPRINGS FL 33065
			5/1/98 100002513331--4 -05/06/98--01069--001 ****236.25 ****236.25

8. Name and Address of Current Registered Agent
RICHARD GROSSMAN
7450 WILES RD
CORAL SPRINGS FL 33065

9. Name and Address of New Registered Agent
Name: JAMES CAFFRAY
Street Address (P.O. Box Number is Not Acceptable): 2801 CORAL SPRINGS Dr
Suite, Apt. #, Etc.: Corr
City: CORAL SPRINGS State: FL Zip Code: 33065

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] REGISTERED AGENT MUST SIGN

100002513331--4
Date 05/06/98--01069--002
****122.50 ****122.50

CR2E040 (12/96)

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. 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)(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] JAMES CAFFRAY — 2-4-98 — (954)341-6887
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | Date | Daytime Phone #