

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED
Dec 06, 2002 8:00 A.M.
Secretary of State

DOCUMENT # **N04960**

1. Corporation Name

CENTRAL FLORIDA CRIME PREVENTION OFFICERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

2400 W 33RD ST
ORLANDO FL 32809
US

2400 W 33RD ST
ORLANDO FL 32809
US

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

~~6544 CARRIER DRIVE~~

~~6544 CARRIER DRIVE~~

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
~~ORLANDO, FLORIDA~~

City & State
~~ORLANDO, FLORIDA~~

Zip
~~32819~~

Country
~~U.S.A.~~

Zip
~~32819~~

Country
~~USA~~

4. Date Incorporated or Qualified To Do Business in Florida

08/21/1984

5. FEI Number

59-2445513

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	MACHOVINA, PAUL	225 NEWBURY PORT AVE	ALTAMONTE SPRINGS FL 32701
T	CRAIG, DORRIS DENIS VOLKERSON	2400 W 33RD ST 6544 CARRIER DRIVE	ORLANDO FL 32839 32819
V	FORD, BILL	4209 VINELAND RD J7	ORLANDO FL 32811
D	CELCIS, SHARON	6504 CARRIER DRIVE 6544 CARRIER DRIVE	ORLANDO FL 32819
D	MURPHY, KAREN	400 SIMPSON RD.	KISSIMMEE FL 34744

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

DORRIS, CRAIG
2400 W 33RD STREET
ORLANDO FL 32802

Name
DENIS J. VOLKERSON
Street Address (P.O. Box Number is Not Acceptable)
6544 CARRIER DRIVE
Suite, Apt. #, Etc.
ORLANDO, FLORIDA
City
ORLANDO, F State
FL Zip Code
32819

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. or 617.0505, F.S.

Signature of Registered Agent

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date 11-20-02

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: SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-20-02
Date Daytime Phone #

CR2E040 (8/02)