

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

05 OCT 19 PM 2:48

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N04960

1. Corporation Name

CENTRAL FLORIDA CRIME PREVENTION ASSOCIATION,  
INC.

2. Principal Office Address

360 WEST RUBY STREET

Suite, Apt. #, etc.

3. Mailing Office Address

360 WEST RUBY STREET

Suite, Apt. #, etc.

City & State

TAVARES, FL

Zip

32778

Country

LAKE

City & State

TAVARES, FL

Zip

32778

Country

LAKE

REINSTATEMENT

CR2E081 (8/05)

4. Date Incorporated or Qualified  
To Do Business in Florida

1974

5. FEI Number

59-24455-13

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

LINDA MCFADDEN

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

360 WEST RUBY STREET

Suite, Apt. #, Etc.

City

TAVARES

State

FL

Zip Code

32778

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

*Linda McFadden*  
REGISTERED AGENT MUST SIGN

Date

10/6/05

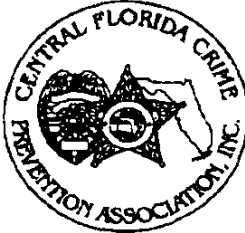
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	BILL FORD	4209 VINELAND ROAD J7	ORLANDO, FL 32811
VP	LINDA HARVILLE	360 WEST RUBY STREET	TAVARES, FL 32778
S	RICHARD KAY	100 BUSH BLVD	SANFORD, FL 32773
T	LINDA MCFADDEN	360 WEST RUBY STREET	TAVARES, FL 32778
		<i>DR 10/24</i>	

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:

*Linda McFadden* Linda McFadden 10/6/05 352-343-9500  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #



**Central Florida Crime Prevention Association**

c/o Seminole County Sheriff's Office  
Community Services Section  
100 Bush Blvd., Sanford FL 32773  
rkay@seminolesheriff.org  
www.cfcpa.org

Providing Crime Prevention to Central Florida since 1974  
2002 FCPA Outstanding Crime Prevention Association of the Year

October 6, 2005

Department of State  
Division of Corporation  
PO Box 6327  
Tallahassee FL 32314

Dear Sirs;

Please be advised that the Central Florida Crime Prevention Association is required to register with the State of Florida each year.

We recently elected a new Treasurer and have found that some forms we were required to file have not been filed.

We were told the renewal forms had been sent to us, however no one can find them or remember receiving them.

Please consider this when helping file the necessary paperwork to register our Association with your Division.

We apologize for any delay in filing our forms.

Thank you

Richard Kay  
Secretary  
Central Florida Crime Prevention Association

Cc: file