

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

DOCUMENT # **N22603**
 1. Corporation Name **COALITION OF PUBLIC SERVICE
 EMPLOYEES ORGANIZATIONS (FLA) INC.**

98 MAY -5 PM 2:24

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
**6708 N.W. 71st Street
 Tamarac
 Florida 33321-5434**
 If above addresses are incorrect in any way, line through incorrect information and enter correction below.

REINSTATEMENT *97-980
 7/8/98
 6/16/98*

| | | | | | |
|--|---------|--|---------|--|--|
| 2. New Principal Office Address, If Applicable | | 3. New Mailing Office Address, If Applicable | | 4. Date Incorporated or Qualified To Do Business in Florida 1988 | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 5. FEI Number | |
| City & State | | City & State | | Applied For <input checked="" type="checkbox"/> Not Applicable | |
| Zip | Country | Zip | Country | 6. CERTIFICATE OF STATUS DESIRED <input 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 |
| P | Louis Weiser | 919 Hillcrest Dr. | Hollywood, FL 33021 |
| V | Robert A. Izzo | 18124 N.W. 21 St. | Pembroke Pines, FL 33029 |
| S/T | Henry J. Fehling | 6708 N.W. 71 St. | Tamarac, FL 33321 |
| D | Howard Lowenthal | 5243 Tiffany Ann Circle | W. Palm Bch., FL 33417 |
| D | Richard Kurtz | 1221 S.W. 26th Av. | Boynton Bch, FL 33426 |
| D | Genevieve Fritz | 3001 Rolling Hills Circle | W. Davie, FL 33328 |

| | | | |
|---|--|--|--|
| 8. Name and Address of Current Registered Agent | | 9. Name and Address of New Registered Agent | |
| Henry J. Fehling S/T 6708 N.W. 71st St. Tamarac, FL 33321 | | Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City | |
| | | 800002516228-2 -05/07/98--01126--003 ****175.00 ****175.00 State Zip Code 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: *Henry J. Fehling* REGISTERED AGENT MUST SIGN
800002516228-2
 Date: -05/07/98--01126--004
 ****122.50 ****122.50

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes No N.A. (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: *Henry J. Fehling* HENRY J. FEHLING
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 Date: **4-29-98** Daytime Phone #: **954-721-0495**

CR2E040 (1/98)