

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

01 OCT 31 AM 10:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N 37920**

1. Corporation Name
**SARASOTA COUNTY LAW ENFORCEMENT
OFFICERS LODGE NUMBER 45, INC.**

2. Principal Office Address

P.O. Box 1841

3. Mailing Office Address

P.O. Box 1841

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ENGLEWOOD, FLORIDA

City & State

ENGLEWOOD FLORIDA

Zip Country

34223 SARASOTA

Zip Country

34223 SARASOTA

REINSTATEMENT 2001

4. Date Incorporated or Qualified
To Do Business in Florida

04-27-90

5. FEI Number

59-2107811

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

500004694979--1

Name

DUNKLEE, LARRY

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

3255 NOCTURNE RD.

Suite, Apt. #, Etc.

City

VENICE

State
FL

Zip Code
34293

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 **[Signature]**
REGISTERED AGENT MUST SIGN

Date **10-09-01**

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/D	LARRY DUNKLEE	3255 NOCTURNE RD.	VENICE FL 34293
V/D	TIMOTHY ENGS	5645 COUNTRY WALK WAY	SARASOTA FL 34233
S/D	BETH DUFFY	2175 E LEEWYNN DR.	SARASOTA FL 34240
T	TIMOTHY CZACHUR	430 CRANE RD.	VENICE FL 34293

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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **10-09-01**

Daytime Phone # **991-496-2545**

CR2001 (01/00)