PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED
99 NOV -1 AM 9:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N44439**

1. Corporation Name

CHARLES E. BROOKFIELD LODGE #86, FRATERNAL ORDE R OF POLICE, INC.

Principal Place of Business	Mailing Address
39 W PINE ST. ORLANDO FL 32801	C/O CHARLES E. BROOKFIELD P.O. BOX 620413 ORLANDO FL 32862-0413 US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

REINSTATEMENT 99 10

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
10311 WATER HYACINTH	
Suite, Apt #, etc.	Suite, Apt. #, etc.
City & State: ORLANDO, FL	City & State
Zip: 32825 Country: U.S.A.	Zip Country

4. Date Incorporated or Qualified To Do Business In Florida: 07/25/1991

5. FEI Number: 59-3059059 ☐ 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 3	City / State / Zip 4
PD	HANCOCK, ROBERT W.	~~P O BOX 40 N/A~~ 2213 VINE ST.	~~WEBSTER FL 33597~~ ORLANDO, FL 32806
VPD	SIMONSEN, ROBERT	10311 WABER HYACIATH DR	ORLANDO FL 32825
TD	~~MCCOY, KIM~~ OLSSON, GEORGE S.	~~12704 MAJORAMA WAY~~ 3460 CIMERRON DR.	~~ORLANDO FL 32837~~ ORLANDO, FL 32839
~~SD~~	~~COLE, LAURIE J~~	~~15825 SUNFLOWER TR~~	~~ORLANDO FL 32828~~
			100000303866B1--6
			-11/09/99--01003--022
			****236.25 ****236.25

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
COLE, LAURIE J 15825 SUNFLOWER TR ORLANDO FL 32828	Name: ROBERT W. HANCOCK Street Address (P.O. Box Number is Not Acceptable): 2213 VINE ST Suite, Apt. #, Etc.: City: ORLANDO State: FL Zip Code: 32806

CR2E040 (8/99)

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: Robert W. Hancock — Date: 10.30.99
REGISTERED AGENT MUST SIGN

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.

KE

SIGNATURE: [signature] (CHAS) — 11/30/99 (407) 245-0859
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0013626 AF