

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION
REINSTATEMENT**



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

02 DEC -6 PM 12:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #N49969

1. Corporation Name

FRATERNAL ORDER OF POLICE LODGE 118
INCORPORATED

2. Principal Office Address

997 SW Macedo Blvd.

Suite, Apt. #, etc.

City & State

Port St. Lucie

Zip

34983

Country

USA

3. Mailing Office Address

997 SW Macedo Blvd.

Suite, Apt. #, etc.

City & State

Port St. Lucie

Zip

34983

Country

USA

REINSTATEMENT 02

**4. Date Incorporated or Qualified
To Do Business in Florida**

07/17/1992

5. FEI Number

59-2850193

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

Joseph Diskin

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

997 SW Macedo Blvd.

Suite, Apt. #, Etc.

City

Port St. Lucie

State
FL

Zip Code

34983

09-11-02 90123 019 \$61.25
7000003400837
12/06/02--01058--010 **176.00

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

REGISTERED AGENT MUST SIGN

Date

11-27-2002

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	Robert Arensen	997 SW Macedo Blvd.	Port St. Lucie, FL 34983
S/D	Joseph Diskin	997 SW Macedo Blvd.	Port St. Lucie, FL 34983
T/D	James Billig	997 SW Macedo Blvd.	Port St. Lucie, FL 34983

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

528-3012
11-27-2002

CR2E081 (9/01)