

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

04 AUG 12 AM 8:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N94000000112

1. Corporation Name INTERNATIONAL POLICE ASSOCIATION
U.S. SECTION, REGION 11, INC.
FLORIDA'S GOLD COAST

2. Principal Office Address
8230 N.W. 68 TERR.
TAMARAC FL 33321
Suite, Apt. #, etc. —

3. Mailing Office Address P.O. BOX
970266
COCONUT CREEK FL 33097
Suite, Apt. #, etc. —

City & State
TAMARAC FL
Zip 33321 Country USA

City & State
COCONUT CREEK FL
Zip 33097 Country USA

4. Date Incorporated or Qualified
To Do Business in Florida JAN 10 1994

5. FEI Number 23-7353558
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 JOHN WALTERS
Street Address (P.O. Box Number is Not Acceptable)
12358 N.W. 54 COURT
Suite, Apt. #, Etc. —
City CORAL SPRINGS

700040129057
08/12/04--01015--004 **301.25

State FL Zip Code 33076

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

Robert Carney

Date AUG 1 2004

REGISTERED AGENT MUST SIGN

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	ROBERT KILLEN	7147 N.W. 78 PLACE	PARKLAND FL 33067
S	RICHARD KREUTER	8230 N.W. 68 TERR	TAMARAC FL 33321
T	ROBERT CARNEY	341 S.E. 13 AVE	POMPANO BEACH FL 33060

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:

Robert Carney

ROBERT CARNEY

Date

AUG 1 2004

Daytime Phone #

954
941 0477

CR2E081 (01/04)