

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

07 JUN 15 AM 8:59

DOCUMENT # 729819

1. Corporation Name

FRATERNAL ORDER OF POLICE -  
H.J. YOUNGBLOOD LODGE No. 65, INC.

REINSTATEMENT 05-07

06/15/07 01062--001 \*\*183.75

2. Principal Office Address - No P.O. Box #

54590 Church Rd.

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 845

Suite, Apt. #, etc.

City & State

CALLAHAN, FL

City & State

Zip

32011

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

06/03/1974

5. FEI Number

59-2403368

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

JOHNNIE L. HALL, SR.

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

54590 CHURCH RD

Suite, Apt. #, Etc.

City

CALLAHAN

State

FL

Zip Code

32011

☒ The reinstatement fee is imposed, except in  
circumstances which the entity did not receive  
the prior notices. By checking this box, you  
are certifying the prior notices were not  
received and requesting the reinstatement  
fee be waived.

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 06-07-07

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	Johnnie L. Hall, Sr.	54590 Church Rd.	CALLAHAN, FL 32011
V	SCOTT A. GEARIS	50 BOBBY MOORE CIRCLE	YULEE, FL 32097
T	Robert W. SYLVESTER	488 MYRTICE RD.	YULEE, FL 32097

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 contained in Chapter 119, 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

06-07-07

Date

904-569-6072

Daytime Phone #