

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
12 DEC -5 PM 5:37

DOCUMENT # **724651**

1. Corporation Name

**Orlando Police Benevolent Association, Inc.,  
a not-for-profit corporation**

2. Principal Office Address - No P.O. Box #  
**100 S. Hughey Ave**

3. Mailing Office Address  
**P.O. Box 913**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
**Orlando, FL**

City & State  
**Orlando, FL**

Zip  
**32801**

Country  
**USA**

Zip  
**32802**

Country  
**USA**

CR2E081 (11/10)

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

**59-6132831**

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

**R. Steven Ruta**

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

**18 Wall Street**

Suite, Apt. #, Etc.

City

**Orlando**

State

**FL**

Zip Code

**32801**

**200241900092**  
**12/05/12--01025--002 \*\*122.50**

**200241900092**  
**11/16/12--01024--001 \*\*2511.25**

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 **11/13/12**

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	Andrew Brennan	100 S. Hughey Ave	Orlando / FL / 32801
VP	Patrick Schneider	100 S. Hughey Ave	Orlando / FL / 32801
Treas	Jose Vicente	100 S. Hughey Ave	Orlando / FL / 32801
Treas	William Long	100 S. Hughey Ave	Orlando / FL / 32801
			<b>DEC 05 2012</b>
			<b>D. BUTLER</b>

10. E-mail Address: **orlandopba@aol.com**

(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in 907.155, F.S.

SIGNATURE:

**Andrew Brennan**

**[Signature]**

**10/30/12**

**4072462926**

**7107 5-0 336**