

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE
		Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

FILED

98 MAY 19 AM 11:38

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # 727062

1. Corporation Name

Brevard County Police Benevolent Association, Inc.

Principal Place of Business

Mailing Address

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

2. New Principal Office Address, if Applicable
Brevard County PBA, Inc.

Suite, Apt. #, etc.

1660 Tomoka Farms Road

City & State

Daytona Beach, FL

Zip

32124

Country

U.S.A.

3. New Mailing Office Address, if Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

7/30/1973

5. FEI Number

59-1713854

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
P/D	Ed M. Halligan	823 Lemon Road	South Daytona, FL 32119
V/D	Vince Champion	1660 Tomoka Farms Road	Daytona Beach, FL 32124
D	Patrick L. McGuire, Jr.	1 Willow Grove Place	Palm Coast, FL 32164
S/T	Gilles Blais	710 Magnolia Avenue	Holly Hill, FL 32117
			400002530954--91
			-05/21/98--01005--014
			****297.50 ****297.50

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Patrick McGuire 1 Willow Grove Place Palm Coast, FL 32164	Name		
	Street Address (P.O. Box Number is Not Acceptable)		
	Suite, Apt. #, Etc.		
	City	State FL	Zip Code

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

Patrick L. McGuire, Jr.
REGISTERED AGENT MUST SIGN

Date **5-15-98**

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☐ No ☒

(See other side for information
on intangible tax.)

12. 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: *E.M. Halligan* **E.M. HALLIGAN**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-15-98 **904-258-7579**
Date Daytime Phone #

CR2E040 (1/98)