

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 732670

1. Corporation Name

Volusia and Flagler County Police Chiefs Association, Incorporated

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

Orange City Police Department

Suite, Apt. #, etc.

207 N Holly Avenue

City & State

Orange City, FL

Zip

32763

Country

USA

3. Mailing Office Address

Orange City Police Department

Suite, Apt. #, etc.

207 N Holly Avenue

City & State

Orange City, FL

Zip

32763

Country

USA

7. Name and Address of Current Registered Agent

Name

Chief Pete Thomas

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

Orange City Police Department

Suite, Apt. #, Etc.

207 N Holly Avenue

City

Orange City

State

FL

Zip Code

32763

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

2/18/12

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	Chief Henry Osterkamp	OBPD 170 W Granada Blvd	Ormond Beach, FL 32174
VP	Chief Bill Ridgway	DLPD 219 W Howry Avenue	DeLand, FL 32720
S/T	Chief Pete Thomas	OCPD 207 N Holly Avenue	Orange City, FL 32763

JAN 31 2012

10. E-mail Address: ridgwayb@deland.org

(To be used for future annual report notification)

A. DUNLAP

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 s.817.155, F.S.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

01/18/12

Daytime Phone #

386 676-3500

12 JAN 30 PM 12:41

600219361566

01/30/12--01052--004 **367.50

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

05/06/1975

5. FEI Number

☐ Applied For

☒ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status