PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CATION

FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 OCT 25 PM 3: 36

SECRETARY OF STATE

DOCUMENT

1. Corporation Name

SAINT LUCIE COUNTY CRIME PREVENTION LEAGUE, INC.

Principal Place of Business

4700 WEST MIDWAY ROAD

FORT PIERCE FL 34981

Mailing Address

4700 WEST MIDWAY ROAD FORT PIERCE FL 34981



		incorrect in any way, line the							
						4. Date Incorporated or Qualified To Do Business in Florida 12/08/1975			
Suite, Apt. #, etc. Suite, Apt. #						6		Applied For	
City & State City & State								Not Applicable	
Zip Country			Zip Country		Country	N/		TE OF STATUS DESIRED S8.75 Additional Fee require for a Certificate of Status	
7. Names	and Street Add	iresses of Each Officer and	t/or Director (Flo	orida nonprofi	t corporations	must list at lea	ıst 3 directors)		
Title(s)	Name of Officers and/or Directors			Street Address of Each Officer and/or Director				City / State / Zip	
Р	MASCARA, KEN J			4700 WEST MIDWAY ROAD				FORT PIERCE FL 34981	
VP	TRIMM, DAVE			4700 WEST MIDWAY ROAD				FORT PIERCE FL 349	181
D	SHAW, DOROTHY			4700 WEST MIDWAY ROAD				FORT PIERCE FL 34981	
D	RANDAZZO, SHEILA			4700 WEST MIDWAY ROAD				FORT PIERCE FL 34981	
D	NICKEL, DE	ENNIS	4700 WEST MIDWAY ROAD			****	FORT PIERCE FL 34981		
D	HOFFMAN,	GLENN CountryMan	4700 WEST MIDWAY RAOD				FORT PIERCE FL 34981		
	8. Name	and Address of Current	Registered Age	ent			9. Name and	Address of New Registered Ag	ent
MASCARA, KEN J 4700 WEST MIDWAY ROAD FORT PIERCE FL 34981				Street Address (P.O. Box Number Suite, Apt. #, Etc.			y marin		-19
							O. Box Numbe	00008590955 5/U2U1U45DD2 **61.25	
							~_~~		
		The first of the state of the s			City	f.		State FL	Zip Code
10. I, being	appointed the	registered agent of the ab	ove named corpo	oration, am fa	miliar with and	accept the ob	ligations of Sec	tion 607.0505, F.S. or 617.0505,	F.S.
Signature o	r			'	auif	<i>a</i> (= (=)		Ulanto	

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., 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date



1

4700 West Midway Road, Fort Pierce, Florida 34981

October 23, 2002



Member National Sheriffs' Association Member Florida Sheriffs' Association

Telephone: (561) 461-7300 • Fax: (561) 489-5851

Mr. Jim Smith Secretary of State Florida Department of State Division of Corporations Post Office Box 6327 Tallahassee, FL 32314

Dear Secretary Smith:

I am writing this letter to advise you that our Corporation did not receive the renewal notice and/or the second notice informing us that the Corporation would be dissolved/revoked on or after September 13 if a report was not filed.

Our only conclusion of not receiving this information is that our Treasurer, Mrs. Countryman was out on leave for five months for the birth of her son during the time(s) the applications should have been received in our office.

Enclosed please fine our application for reinstatement as well as check number 0623 in the amount of \$61.25 for a not-for-profit corporation. If you or one of your designees should have any questions and/or directives please do not hesitate to contact Mrs. Countryman or myself at (772) 462-3264.

Sincerely,

Dave Trimm Vice President

kc

Enclosure: Check 0623

Application for reinstatement

c: file

