

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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**APPLICATION  
FOR  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 756764**

1. Corporation Name

**SOUTH FLORIDA INVESTIGATORS ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

**1885 W. Commercial Blvd. #125 Fort Lauderdale, FL 33309** **P.O. Box 891 Fort Lauderdale, FL 33302**

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida **3/13/1981**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

**Not applicable**

Not Applicable

Zip

Country

Zip

Country

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
Pres.	John H. Levey	14370 68 Drive North	Palm Beach Gardens, FL 33418
V Pres	Lou Criscella	1885 W. Commercial Blvd #125	Ft. Lauderdale, FL 33309
Secy	Marietta Michaels	1885 W. Commercial Blvd #125	Ft. Lauderdale, FL 33309
Treas	Shirley Casey	2318 Deer Creek Trail	Deerfield Bch, FL 33442
Dir.	Kent Pietsch	3717 S. Dixie Hwy; # 1	West Palm Bch, FL 33405
Dir.	Otto LeDee	10097 Cleary Blvd; #318	Plantation, FL 33324

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**John H. Levey**  
**14370 68 Drive North**  
**Palm Beach Gardens, FL 33418**

Name

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

Suite, Apt. #, Etc.

City

**300002464063--0**

**03/20/98**

**FL 33418**

**\*\*\*\*358.75**

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

REGISTERED AGENT MUST SIGN

Date **3/5/98**

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

Yes ☐

No ☒ XXXX

(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Marietta L. Michaels**

**3/5/98**

Date

**(954) 771-6900**

Daytime Phone #

CP2E040 (1/98)

**REINSTATEMENT**

**98**

**98 MAR 16 AM 10:51**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

2002

***ADDITIONAL DIRECTORS TO BE FILED WITH  
1998 ANNUAL REPORT***

**DIRECTOR**

Charles G. Michaels  
1885 West Commercial Blvd. # 125  
Fort Lauderdale, FL 33309

**DIRECTOR**

Robert Roffman  
109 No. Sewall Point Road  
Stuart, FL 34996

**DIRECTOR**

Gene Schuler  
2424 No. Federal Highway # 214  
Boynton Beach, FL 33435