

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

06 JUL 31 PM 3:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # 756965**

1. Corporation Name

Palm Beach County Crime Prevention Officers Association, Inc.

**REINSTATEMENT**

04-06 Asc

CR2E081 (12/05)

2. Principal Office Address  
PO Box 17031

3. Mailing Office Address  
PO Box 17031

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
West Palm Beach

City & State  
West Palm Beach

Zip  
33416-7031

Country  
USA

Zip  
33416-7031

Country  
USA

4. Date Incorporated or Qualified  
To Do Business in Florida 3-26-1981

5. FEI Number 59-2842502

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  
Carmen Veneziano

Street Address (P.O. Box Number is Not Acceptable)  
3228 Gun Club Rd.

Suite, Apt. #, Etc.

City  
West Palm Beach

State  
FL

Zip Code  
33406

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

*Carmen K. Veneziano*

REGISTERED AGENT MUST SIGN

Date 7/25/06

**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
DP	Lori Croy	100 NW 2nd Avenue	Boca Raton, FL 33432
DVP	Carmen Veneziano	3228 Gun Club Rd.	West Palm Beach, FL 33406
DS	Diana Nelson	3228 Gun Club Rd.	West Palm Beach, FL 33406
T	Marsha Grim	301 N. Olive Avenue	West Palm Beach, FL 33401

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10. 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 contained in Chapter 119, 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:

*Lori Croy*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-25-06  
Date

561-347-3936  
Daytime Phone #