

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

97 JUL 14 PM 1:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 758804

1. Corporation Name

Polk County Police Chiefs Association, Inc.,
a Non-Profit Corporation

Principal Place of Business

Mailing Address

2 North Lake Reedy Blvd. (Same)
Frostproof, Florida 33843

REINSTATEMENT 95-97

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

DO NOT WRITE IN THIS SPACE

2. New Principal Office Address, If Applicable

3. New Mailing Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida
1981 (originally)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

59-2969479

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
Pres. (D)	Tom Wheeler	502 E. Hinson Ave.	Haines City, Fla. 33845
Vice- Pres. (D)	J.R. Sullivan	75 7th St. N.	Eagle Lake, Florida 33839
Sec/ Treas. (D)	J. Neal Byrd	2 North Lake Reedy Blvd.	Frostproof, Fla. 33843
			000002239530--5
			-07/16/97--01053--013
			***367.50 ***367.50

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name

Chief J. Neal Byrd

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

2 North Lake Reedy Blvd.

Suite, Apt. #, Etc.

City

Frostproof

State

FL

Zip Code

33843

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

J. Neal Byrd

REGISTERED AGENT MUST SIGN

Date 01-09-97

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(See other side for information
on intangible tax.)

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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. 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:

J.R. Sullivan
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-6-97 (41) 293-5677

Date Daytime Phone #