PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

02 APR 10 AM 10:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 764650

1. Corporation Name

WEST CENTRAL FLORIDA REGIONAL POLICE CHIEFS ASSOCIATION, INC.

REINSTATEMENT 00-02

2. Principal Office Address	**3.** Mailing Office Address
1300 DONNELLY ST.	1300 DONNELLY ST.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
MOUNT DORA, FL	MOUNT DORA, FL
Zip: 32757 / Country: USA	Zip: 32757 / Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 08/23/1982

5. FEI Number: 59-2605223 — Applied For / Not Applicable

6. CERTIFICATE OF STATUS DESIRED [X] — $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: ED NATHANSON

400000531512 4--3
-04/22/02--01113--011
****367.50 ****367.50

Street Address (P.O. Box Number is Not Acceptable): 423 FENNELL BLVD.

Suite, Apt. #, Etc.:

City: LADY LAKE — State: FL — Zip Code: 32159

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: _____ Date: 04-03-2002

REGISTERED AGENT MUST SIGN

CR2E081 (9/01)

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	SCOGGINS, T. RANDALL	1300 DONNELLY ST.	MOUNT DORA, FL 32757
VP	IDELL, CHARLES	115 E. MAGNOLIA ST.	LEESBURG, FL 34748
ST	NATHANSON, ED	423 FENNELL BLVD.	LADY LAKE, FL 32159
D	ISOM, MARK	506 W. BERCKMAN ST.	FRUITLAND PARK, FL 34731

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 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: T. R. _____ 4-3-2002 (352) 735-7132

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #