

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1 of 2

**APPLICATION
FOR
REINSTATEMENT**



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

FILED

01 NOV -8 PM 12:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **765095**

1. Corporation Name

POLICE RESERVE ASSOCIATION OF FLORIDA, INC.

Principal Place of Business

Mailing Address

~~1415 GLENEAGLES WAY~~
~~ROCKLEDGE FL 32955~~

~~1415 GLENEAGLES WAY~~
~~ROCKLEDGE FL 32955~~



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

REINSTATEMENT

2001

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

09/17/1982

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-2761105

Applied For

Not Applicable

City & State

City & State

~~ROCKLEDGE FL~~

Zip
32955

Country
OREGON

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD	PIRSON, DONALD S	1415 GLENEAGLES WAY 3066 TEMPLE LANE N	ROCKLEDGE FL 32955
VD	LEVY, DAWN	5901 APPLECROSS STREET N.	ST PETERSBURG FL 33709
SD	OVERTOW, CAROL	PO BOX 82	INTERLACHEN FL 32148
TD	HALL, FRED	125 MCIVER LANE	ROCKLEDGE FL 32955
M	LEVY, DANIEL	5901 APPLECROSS STREET N.	ST PETERSBURG FL 33709
			800004700698--8 -11/30/01--01063--011 *****61.25 *****61.25

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

PIRSON, DONALD S
1415 GLENEAGLES WAY
ROCKLEDGE FL 32955

Name

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

3066 TEMPLE LANE N

Suite, Apt. #, Etc.

City

ROCKLEDGE

State

FL

Zip Code

32955

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

Donald S. Pirson

Date

11/06/01

REGISTERED AGENT MUST SIGN

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:

Donald S. Pirson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/06/01 321-6314422

Date

Daytime Phone #

CR2E040 (8/01)