

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **769626**

1. Corporation Name

CITIZEN'S CRIME ALERT OF FT. LAUDERDALE, INC.

Principal Place of Business

Mailing Address

PO BOX 4712
FT LAUDERDALE FL 33338

PO BOX 4712
FT LAUDERDALE FL 33338

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04 FEB 10 AM 11:12

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA



10-12-039009 044 6125

4. Date Incorporated or Qualified
To Do Business in Florida

07/29/1983

5. FEI Number

59-2347556

Applied For

Not Applicable

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	4 City / State / Zip
V.P.	GIBBONEY, LINDA	1700 NW 7TH TERRACE	FT LAUDERDALE FL 33311
S	HOFFMAN, JOY	209 N.E. 5TH STREET	FT LAUDERDALE FL 33301
D	PISUT, LISA	500 SE 12 COURT	FORT LAUDERDALE FL 33316
D	DAVIS, MARJORIE	1713 N.W. 5TH STREET	FT. LAUDERDALE FL
D	GREGORY, ANNIE	505 NW 19 AVE	FORT LAUDERDALE FL 33311
PRES	MAYERS, PATRICIA	549 N.E. 11TH AVENUE	FT. LAUDERDALE FL

8. Name and Address of Current Registered Agent

MAYERS, PAT
549 NE 11 AVE
FORT LAUDERDALE FL 33301

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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. or 617.0505, F.S.

Signature of
Registered Agent

Patricia Mayers
REGISTERED AGENT MUST SIGN

Date

1-28-04

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:

Patricia Mayers
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (7/03)

**Citizen's Crime Alert of
Ft. Lauderdale, Inc.**

P.O. Box 4712
Ft. Lauderdale, FL 33338-4712

January 28, 2004

P.O. Box 6327

To Whom It May Concern:

We are writing this letter per conversation on the phone to tell you we never received your letter and I am asking you to waive the fee.

Our reinstatement application and check are enclosed in the envelope.

Sincerely,

A handwritten signature in cursive script that reads "Patricia J. Mayers".

Patricia Mayers

President