

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

15 Feb 17 AM 11:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F11000004681

1. Corporation Name

Wives Behind the Badge

2. Principal Office Address - No P.O. Box # 1175 Shaw Ave Ste 104-397		3. Mailing Office Address 1175 Shaw Ave Ste 104-397	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Clovis, CA		City & State Clovis, CA	
Zip 93612	Country USA	Zip 93612	Country USA

CR2E081 (11/10)

4. Date Incorporated or Qualified To Do Business in Florida 11-2011	
5. FEI Number	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
Jennifer Lee

Street Address (P.O. Box Number is Not Acceptable)
1582 SW Pitts Ave

Suite, Apt. #, Etc.

City Port St Lucie	State FL	Zip Code 34953
------------------------------	--------------------	--------------------------

810269607428
02/17/15--01007-014 *\$237.50
02/17/15 01007 013 *35.00

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 *J Lee* REGISTERED AGENT MUST SIGN

Date January 17-2015

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
CEO	Erika Lolkus	1175 Shaw Ave Ste 104-397	Clovis, CA 93612
CFO	Juli McCoy	1175 Shaw Ave Ste 104-397	Clovis, CA 93612
Secretary	Sara Ditwiler	1175 Shaw Ave Ste 104-397	Clovis, CA 93612
Director	Brooke Lowe	1175 Shaw Ave Ste 104-397	Clovis, CA 93612
REINSTATEMENT			S. HAWKES
2014-2015			MAR 16 AM

10. E-mail Address: brooke.lowe@wivesbehindthebadge.org

(To be used for future annual report notification)

EXAMINER

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., and that all fees owed by the corporation have been paid. I further certify the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: *Brooke Lowe* **Brooke Lowe**

1-17-2015

318-453-0555

Date

Daytime Phone #