## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

| PEIM   | LICATI<br>TOR<br>STATEN           | ON WENT   | FOIL   | OE A P<br>Matheri<br>Secreta<br>(ISIN OF C        | TMF<br>Hall<br>OT<br>OF OR                         | OF STATE is ate           |   | FIL               | -ED             | 190                                   |                |
|--|-----------------------------------|---|--|---|--|---------------------------|---|-------------------|-----------------|---------------------------------------|----------------|
| DOCUMENT # N0000001314  1. Corporation Name  |                                   |   |  |   |  |                           | 01 0CT 31 PM L: 15  |                   |                 |                                       |                |
| CEDAR GROVE POLICE RESERVE, INC.   |                                   |   |  |   |  |                           | SECRETARY OF STATE<br>TALLAHASSEE, FLORIDA                              |                   |                 |                                       |                |
| Principal Place of Business Mailing Address  |                                   |   |  |   |  |                           |   |                   | ZONID           | А                                     |                |
|  | 14TH STREET<br>ROVE FL 32405      | 2728 EAST 14TH STREET<br>CEDAR GROVE FL 32405   |  |   |  |                           |   |                   |                 |                                       |                |
| If above addresses are incorrect in any way, line through incorrect information and enter correction b  2. New Principal Office Address, If Applicable  3. New Mailing Office Address, If Applicable |                                   |   |  |   |  |                           | 4. Date Incorporated or Qualified To Do Business in Florida  02/23/2000 |                   |                 |                                       |                |
| Suite, Apt.  | #, etc.                           | Suite, Apt. #, etc.   |  |   |  | 5. FEI Number Applied For |   |                   |                 |                                       |                |
| City & State   |                                   |   | City & State   |   |  |                           | 59-3639124 Not Applicat   |                   |                 |                                       |                |
| Zip  |                                   | Country   | Zip  |   | Country  | ,                         |   | OF STATUS DESIF   |                 | dditional Fee re<br>Certificate of St |                |
| 7. Names a   | and Street Add                    | resses of Each Officer and/o  | or Director (Flor  | ida nonprof                                       |  |                           |   |                   |                 |                                       |                |
| Title(s)   | Name of Officers and/or Directors |   |  | Street Address of Each<br>Officer and/or Director |  |                           |   | 4                 | City / State /  | Zip                                   |                |
| D.   | PEEL, HILI                        | 1515 SHERMAN AVENUE   |  |   |  | CEDAR GROVE FL 32405      |   |                   |                 |                                       |                |
| D  | ELDRIDGE                          | · · · · · · · · · · · · · · · · · · ·   | 1135 EAST 24TH PLAZA   |   |  | PANAMA CITY FL 32405      |   |                   |                 |                                       |                |
| D  | BLUE, DAI                         | NIEL L  | 1102 EAST 3RD  |   |  | COURT                     | PANAMA CITY FL 32401  |                   |                 |                                       |                |
|  |                                   |   |  |   | *****  |                           |   |                   | ;<br>}          | SP                                    |                |
| Name and Address of Current Registered Agent   |                                   |   |  |   |  |                           | 9. Name and A   | Address of New F  | Registered Age  | nt                                    |                |
| HILL   | R. MICHAEL                        |   |  |   |  | Name                      |   |                   |                 |                                       | CR2E040 (8/01) |
| 1415 BAKER COURT   |                                   |   |  |   | Street Address (P.O. Box Number is Not Acceptable) |                           |   |                   |                 |                                       |                |
| PANAMA CITY FL 32401   |                                   |   |  | Suite, Apt. #, Etc.                               |  |                           |   |                   |                 |                                       |                |
|  |                                   |   |  |   |  | City                      |   |                   | FL State        | p Code                                |                |
| 10. I, being<br>Signature of<br>Registered   | 1                                 | registered agent of the above   | re named corporations of the corporation of the cor | [원 <u>트</u>                                       | QU   | h and accept the ob       | oligations of Secti   | on 607.0505, F.S. |                 | ,                                     |                |
| this rein:<br>owed by  | statement appl<br>the corporation | ficer or director or the receivication, the reason for dissolon have been paid and the nue and accurate, and my sig | lution has been<br>ames of individe  | eliminated, i<br>uals listed or                   | the corpo<br>n this for                            | rate name satisfies       | the requirements<br>an exemption und                                    | of section 607.04 | 01 or 617.0401, | F.S., that all fee                    | s              |

10/31/0/900-872-4/28

SIGNATURE;

## **CITY OF CEDAR GROVE**

297

Bay County, Florida

November 1,2001

Division of Corporations Corporate Filings P.O. Box 6327 Tallahassee, Florida 32314

RE:

2001 Uniform Business Reports and Amended Articles Filings

Dear Sir:

I have received your Division's Notice of Administrative Dissolution or Revocation for the following Florida Not For Profit Corporations:

Document # N0000001311 Cedar Grove Mounted Police Posse, Inc.

Document # N0000001314 Cedar Grove Police Reserve, Inc

Document # N0000001315 Cedar Grove Police Auxiliary, Inc.

Document # N0000001316 Cedar Grove Development and Improvement Corporation

Be advised that the above referenced corporations filed the required report and paid the required fee (\$61.25 ea.) to the Division of Corporations on April 20, 2001 (copies attached). In reviewing our copies of the filed reports it appears the FEI Numbers were not reported nor were all reports signed by a corporate officer. However, we did not receive any communication or correspondence from your office prior to the September 12, 2001final filing deadline. Consequently it is requested that the \$175.00 Reinstatement Fee be waived for each of the above Corporations and that they be reinstated as active corporations.

On April 20, 2001 the City of Cedar Grove, Florida inadvertently mailed four (4) checks made payable to the Department of State Division of Corporations without the required documents attached. The checks in the amount of \$43.75 each were to pay the fees for Amended Articles of Incorporation and certified copies of each set of articles for the above listed corporations. When the error was discovered a telephone call was placed to your office. I was told it would be simpler to issue new checks than to locate the ones mailed without the documents. Additionally, I was told that the initial checks would be returned since no documents were attached. New checks were issued on May 17, 2001 and mailed to your office with the documents attached. Subsequently, we received the certified copies of the amended articles however, the original checks mailed in error were not returned and no refund has been received to date. Please check your records and mail the appropriate refund to the City. I have enclosed copies of the cancelled checks for your use. Thank you for your assistance.

Sincerely,

R. Michael Hill Registered Agent

Attachments: Copies of (4) cancelled checks \$ 61.75 ea. for Uniform Business Reports

Copies of (8) cancelled checks \$ 43.75 ea. for Amended Articles & Certified Copies

Completed 2001 UBRs and Reinstatement Forms