

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N00000006726

1. Corporation Name

COMMUNITY POLICING INSTITUTE ALUMNI ASSOCIATION,  
INC.

Principal Place of Business

Mailing Address

~~17798 GULF BOULEVARD~~  
~~REDINGTON SHORES FL 33708~~  
1150 CLEVELAND ST. # 320  
CLEARWATER, FL 33755

~~17798 GULF BOULEVARD~~  
~~REDINGTON SHORES FL 33708~~  
1150 CLEVELAND ST. # 320  
CLEARWATER, FL 33755

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

2. New Principal Office Address, If Applicable

~~17425 Gulf Blvd.~~  
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

~~17425 Gulf Blvd.~~  
Suite, Apt. #, etc.

City & State

~~Redington Shores, FL~~

City & State

~~Redington Shores, FL~~

Zip

33708

Country

USA

Zip

33708

Country

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
03 MAR 10 10 17 AM '10  
300012871573  
02/20/03--01055--002 \*\*175.00

REINSTATEMENT 02-03

4. Date Incorporated or Qualified  
To Do Business in Florida

10/09/2000

5. FEI Number

59-3689301

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)

| Title(s) | Name of Officers<br>and/or Directors     | Street Address of Each<br>Officer and/or Director              | City / State / Zip                                        |
|----------|------------------------------------------|----------------------------------------------------------------|-----------------------------------------------------------|
| PD       | <del>MANGUS, JOE</del><br>ANDERSON, JOHN | <del>6980 ULMERTON ROAD, #1A</del><br>1150 CLEVELAND ST. # 320 | <del>LARGO FL 33771</del><br>CLEARWATER FL, 33755         |
| DS       | SCHULTZ, BEVERLY                         | 1390 HALES HOLLOW                                              | DUNEDIN FL 34698                                          |
| BD       | BEYROUTI, J J                            | <del>17798 GULF BOULEVARD</del><br>17425                       | REDINGTON SHORES FL 33708                                 |
| VD       | HARTSTEIN, PAT<br>ZOE ROSEMAN            | 7464 RIDGE ROAD<br>15815 GULF BOULEVARD                        | <del>SEMINOLE FL 33772</del><br>REDINGTON BEACH, FL 33708 |
| OT       | HOLMES, RICHARD<br>ROBERT EVANS          | 7050 SUNSET DRIVE SO., #1508<br>904 ALLEN DRIVE                | <del>GULF PORT FL 33770</del><br>CLEARWATER, FL 33764     |
| D        | SCHOCH, TERRY                            | 17051 DOLPHIN DRIVE                                            | N. REDINGTON BEACH FL 33708                               |

8. Name and Address of Current Registered Agent

BEYROUTI, J J  
~~17798 GULF BOULEVARD~~  
REDINGTON SHORES FL 33708

9. Name and Address of New Registered Agent

Name JOHN C. ANDERSON  
Street Address (P.O. Box Number is Not Acceptable)  
17425 GULF Blvd. 1150 CLEVELAND  
Suite, Apt. #, Etc. # 320  
City CLEARWATER State FL Zip Code 33755

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

*Signature of Registered Agent*

REGISTERED AGENT MUST SIGN

300012871573  
03/07/03--01079--004 \*\*122.50  
Date 2/17/05

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:

*Signature of John C. Anderson*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR John C. Anderson Date 2/17/03 Daytime Phone # 727-447-2998