

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 # **N01000007592**

1. Corporation Name

**CITIZENS' PUBLIC SAFETY ADVISORY COMMITTEE OF SUNNY ISLES BEACH, INC.**

Principal Place of Business

Mailing Address

17070 COLLINS AVE., SUITE 250  
SUNNY ISLES BCH FL 33160

17070 COLLINS AVE., SUITE 250  
SUNNY ISLES BCH FL 33160

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

4. Date Incorporated or Qualified  
To Do Business in Florida

10/24/2001

5. FEI Number

65-1153004

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	LESNICK, STEVEN	4151 SW 102ND AVE.	DAVIE FL 33328
D	FEISTHAMEL, JOSEPH	17070 COLLINS AVE., SUITE 250	SUNNY ISLES BCH FL 33160
D	LONE, WILLIAM SR.	17070 COLLINS AVE., SUITE 250	SUNNY ISLES BCH FL 33160
D	NOE, BARRY	17070 COLLINS AVE., SUITE 250	SUNNY ISLES BCH FL 33160

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

LESNICK, STEVEN  
11950 SW 18TH CT  
DAVIE FL 33325

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

REGISTERED AGENT MUST SIGN

Date

10/23/03

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/23/03 954 647 4552

Daytime Phone #

CR2E040 (7/03)