


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 # N02000001921

1. Corporation Name

NORTH PORT POLICE AUXILIARY, INC.

Principal Place of Business

Mailing Address

5650 NORTH PORT BLVD
NORTH PORT FL 34287

5650 NORTH PORT BLVD
NORTH PORT FL 34287

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

03/11/2002

5. FEI Number

04-3613996

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
DP	PARISI, JOHN	3170 GALIOT RD	VENICE FL 34293
DV	SNYDER, DEAN R	6163 JOEJEFF ST	NORTH PORT FL 34286
DST	LAROCK, CYNDI	4756 LACOCO ST	NORTH PORT FL 34286
D	MUSCATO, LOUIE	4921 WEIDMAN AVE	NORTH PORT FL 34286
D	AYERS, ROBERT	5175 DENSAW ST	NORTH PORT FL 34286
D	HASHEM, STEVE	4756 LACOCO ST	NORTH PORT FL 34296

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

PARISI, JOHN
5650 NORTH PORT BLVD
NORTH PORT FL 34287

Name

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

Suite, Apt. #, Etc.

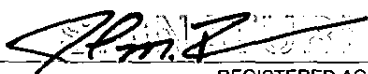
City

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 OCT 13, 2003

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:

 (JOHN M. PARISI)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

OCT 13, 2003

Date

941-429-0301
Daytime Phone #

CR2E040 (7/03)



North Port Police Auxiliary Inc.
5650 North Port Blvd.
North Port, Fl
34287

*A 501(c)3 Non-Profit Organization
Exceptional Citizens Assisting
in the Protection of our City*

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Fl
32314

To whom it may concern,

Enclosed is our Application for Reinstatement. Prior to receiving this notice I have not previously received notification for our Annual Report. Being a part of this organization and the rules that apply to a not for profit organization are all new to me and I was unaware that an Annual Report was required. I have enclosed a check for \$ 61.25 for our Annual Report Fee and understand that this letter may relieve the organization from paying the \$ 175.00 Reinstatement Fee, since I had not previously received information relating to this issue. Now that I am aware of the required Annual Report I will start to look for it and if I have not received notification by May of any year will contact your office in regards to paying the Annual Report Fee.

Thank you in advance for your time and consideration on this matter.

Respectfully,

John M. Parisi
North Port Police Auxiliary, Inc
5650 North Port Blvd.
North Port, Fl

34287