

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N03000002139

1. Corporation Name

SURFSIDE POLICE F.O.P. LODGE #135, INC.

2. Principal Office Address - No P.O. Box #

9293 Harding Avenue

Suite, Apt. #, etc.

City & State

Surfside, Florida

Zip

33154

Country

USA

3. Mailing Office Address

9293 Harding Avenue

Suite, Apt. #, etc.

City & State

Surfside, Florida

Zip

33154

Country

USA

000180785430
05/12/10--01037--003 **542.50

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida **3/11/2003**

5. FEI Number
010774639

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

Loxley Arch

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

4827 N.W. 95th Avenue

Suite, Apt. #, Etc.

City

Sunrise

State

FL

Zip Code

33351

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

REGISTERED AGENT MUST SIGN

Date **November 20, 2009**

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
P	Patrick Mckenna	9293 Harding Avenue	Surfside, Florida 33154
V	Antonio Mesa	9293 Harding Avenue	Surfside, Florida 33154
T	Marian Valino	9293 Harding Avenue	Surfside, Florida 33154
S	Rory Alberto	9293 Harding Avenue	Surfside, Florida 33154

10. E-mail Address: **PMckenna@townofSurfsideFL.Gov.**

(To be used for future annual report notification)

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. 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.

SIGNATURE:

Patrick Mckenna

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/20/2009 305 316-9568

Date

Daytime Phone #

FILED
10 MAY 12 PM 12:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11320