

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N04000008841

1. Corporation Name

Miramar Police Foundation, Inc.

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

3064 N. Commerce Parkway

Suite, Apt. #, etc.

City & State

Miramar, FL

Zip

33025

Country

U.S.A.

3. Mailing Office Address

3064 N. Commerce Parkway

Suite, Apt. #, etc.

City & State

Miramar, FL

Zip

33025

Country

U.S.A.

7. Name and Address of Current Registered Agent

Name

David A. Bronstein

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

7900 Peters Road

Suite, Apt. #, Etc.

Suite B-100

City

Plantation

State

FL

Zip Code

33324

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

David A. Bronstein
REGISTERED AGENT MUST SIGN

Date

2/26/09

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	Mr. John Gardiner	3064 N. Commerce Parkway	Miramar, FL 33025
VP	Mrs. Zenora Ali	3064 N. Commerce Parkway	Miramar, FL 33025
S	Mr. Emilio Carrero <i>Emilio</i>	3064 N. Commerce Parkway	Miramar, FL 33025
T	Mrs. Bernadette Carrero	3064 N. Commerce Parkway	Miramar, FL 33025
D	Mr. Bruce Johnston	3064 N. Commerce Parkway	Miramar, FL 33025
D	Mr. Jerry Chang	3064 N. Commerce Parkway	Miramar, FL 33025

10. 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 contained in Chapter 119, 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 P. Gardiner
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOHN P. GARDINER

Date

16 Feb 09

Daytime Phone #

954-447-5030

FILED

09 APR 13 PM 3:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

400149709964

04/13/09--01043--011 **481.25

CR2E081 (12/08)
REINSTATEMENT

05-09

4. Date Incorporated or Qualified To Do Business in Florida

9/14/2004

5. FEI Number
03-0605313

☐ Applied For

☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required for a Certificate of Status

☐ 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.

CORPORATION REINSTATEMENT FORM

Document Number: N04000008841

Corporation Name: Miramar Police Foundation, Inc.

9. Officers and Directors – continued

Director:

**Mr. Coral Pusy
3064 N. Commerce Parkway
Miramar, FL 33025**