

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 DEC 31 AM 8:22

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N06000003697

1. Corporation Name

FRATERNAL ORDER OF POLICE CBP-MIAMI#

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134 INC.

300139489293
01/05/09--01064--021 **297.50

CR2E081 (10/08)

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

6601 NW 25TH STREET

3. Mailing Office Address

PO BOX#522167

Suite, Apt. #, etc.

AT-CET

Suite, Apt. #, etc.

City & State

MIAMI, FL

City & State

MIAMI, FL

Zip

33122

Country

USA

Zip

33152

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

04/04/2006

5. FEI Number

N/A

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

CBPO JAMES MURRAY

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

6601 NW 25TH STREET

Suite, Apt. #, Etc.

AT-CET

City

MIAMI

State

FL

Zip Code

33122

☒ 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 12/26/2008

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
PRES	JAMES MURRAY	6601 NW 25TH STREET	MIAMI, FL 33122
V/P	JOVINO LA FUENTE	6601 NW 25TH STREET	MIAMI, FL 33122
SECY	JANET GOMEZ	6601 NW 25TH STREET	MIAMI, FL 33122
TREA	ALEX FAILDE	6601 NW 25TH STREET	MIAMI, FL 33122

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

PRESIDENT / Reg / 12/26/08 305 345 2429

REINSTATEMENT

07-08 B 1/13/09