

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

97 AUG -7 PM 3:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N 21559

1. Corporation Name  
FOREST OAKS CRIME WATCH INC.

Principal Place of Business Mailing Address  
8101 FOREST OAKS BLVD  
SPRING H. 11, FL 34606

REINSTATEMENT

AD  
93-97

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		4. Date Incorporated or Qualified To Do Business in Florida 6/30/89	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 59-2846653	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
SECTY	MRS ROSE ROCCO	8189 ENGLISH ELM CIR	SPRING HILL FL 34606
TREAS.	MRS LUCINDA SCHMITT	8405 CAMPHOR DR.	SPRING HILL FL 34606
DIR.	MR. FREDERICK J. BETZ SR	8185 ENGLISH ELM CIR	SPRING HILL FL 34606
DIR.	MRS ELIZABETH FAUL	8067 PHILADELPHIC DR.	SPRING HILL FL 34606
DIR.	MR. PETER ROCCO	8189 ENGLISH ELM CIR	SPRING HILL FL 34606

400002264884-0  
-08/12/97-01075-009

8. Name and Address of Current Registered Agent

LUCINDA SCHMITT  
8405 CAMPHOR DR.  
SPRING HILL FL 34606

9. Name and Address of New Registered Agent

Name  
MRS ROSE ROCCO  
Street Address (P.O. Box Number is Not Acceptable)  
8189 ENGLISH ELM CIRCLE  
Suite, Apt. #, Etc.  
City  
SPRING HILL  
State  
FL  
Zip Code  
34606

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.

Signature of Registered Agent  
REGISTERED AGENT MUST SIGN

Date 8-4-97

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes  No

(See other side for information on intangible tax.)

12. 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)(l), 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: *Frederick J. Betz Sr*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
FREDERICK J. BETZ SR

8-4-97  
Date  
352  
683-8453  
Daytime Phone #

CR2540 (1/2/96)