

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

DOCUMENT # **N22603**

1. Corporation Name **COALITION OF PUBLIC SERVICE
EMPLOYEES ORGANIZATIONS (FLA) INC.**

Principal Place of Business Mailing Address

**6708 N.W. 71st Street
Tamarac
Florida 33321-5434**

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip Country

FILED

98 MAY -5 PM 2:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 97-980
188
6/6/98

4. Date Incorporated or Qualified To Do Business in Florida **1988**

5. FEI Number

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
P	Louis Weiser	919 Hillcrest Dr.	Hollywood, FL 33021
V	Robert A. Izzo	18124 N.W. 21 St.	Pembroke Pines, FL 33029
S/T	Henry J. Fehling	6708 N.W. 71 St.	Tamarac, FL 33321
D	Howard Lowenthal	5243 Tiffany Ann Circle	W. Palm Bch., FL 33417
D	Richard Kurtz	1221 S.W. 26th Av.	Boynton Bch, FL 33426
D	Genevieve Fritz	3001 Rolling Hills Circle	W. Davie, FL 33328

8. Name and Address of Current Registered Agent

**Henry J. Fehling S/T
6708 N.W. 71st St.
Tamarac, FL 33321**

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State Zip Code

800002516228-2
-05/07/98-01126-003
****175.00 ****175.00
FL

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 **Henry J. Fehling** REGISTERED AGENT MUST SIGN

800002516228-2
-05/07/98-01126-004
****122.50 ****122.50

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes ☐ No ☐ N.A.

(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)(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: **Henry J. Fehling** HENRY J. FEHLING

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **4-29-98** Daytime Phone # **954-721-0495**