PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM, ED SECRETARY OF STATE DIVISION OF CORPORAGERS FLORIDA DEPARTMENT OF STATE CORPORATION Secretary of State . 03 JUN 20 PM 4: 16 REINSTATEMENT DIVISION OF CORPORATIONS DOCUMENT # N27741

1. Corporation Name Florida Chapter Southern Police Institute Alumni Association, Inc. 800019319818 05/19/03--01056--008 \*\*665.00 3. Mailing Office Address 2. Principal Office Address Jane 5401. Pierce Street Suite, Apt. #, etc. Suite, Apt. #, etc. 4. Date Incorporated or Qualified To Do Business in Florida 08/04/1988 City & State City & State 5. FEI Number Applied For Hollywood, Floride Not Applicable Country Country \$8.75 Additional Fee required for a Certificate of Status CERTIFICATE OF STATUS DESIRED 33021 USA 7. Name and Address of Current Registered Agent Kyle Bernick Street Address (P.O. Box Number is Not Acceptable) 5401 Pierce Street Suite, Apt. #, Etc. City State Zip Code FL D:0000 1110-H. 3307 8. I, being appointed the registered agent of the above named corporation, and amiliar with and accept the obligations of section 607.0505 or 617.0503, F.S Signature of Registered Agent REGISTERED AGENT MUST SIGN 9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Street Address of Each Officer and/or Director Name of Titles City / State / Zip Officers and/or Directors 500 NE 93 Street Richard Moss President 2600 Wiscowardshid. Cary Carroll 600 Banyan 13/40. Presed 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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