

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION FLORID					DA DEPARTMENT OF STATE Secretary of State				FILED			
IXEIIV.	SIXILI	LIVI		DIVIS	SION OF COR	PORATIONS		07	7 JUL 17 PH 3: 31	4		
DOCUMENT # N36937 1. Corporation Name									SECRETART (FISTATE TALLAHASSEE, FLORIDA			
LAUPERHILL FIREFIGHTERS' BENEVOLENT									\wedge			
ASSOCIATION INC.								MA .	MAX .			
-	ol Office Addre			3. Mailing O								
1980 Suite, Apt. #	NN S	56 1	4re	1980 Suite, Apt. #,	NW 56 AVE			REINSTAREMENT 03-07				
Suite, Apt. #	r, etc.			Suite, Apt. #,	etc.			4. Date Incorporated or Qualified To Do Business in Florida				
City & State				City & State				To Do Business in Florida 3/02/1990 5. FEI Number Applied For				
LAVOERHILL, FLORIDA			LAUDERHILL , FLORINA			650/80740 Not Applicable						
⁴¹⁰ 33313		Country US	A 333/3		Country V5 A			6. CERTIFICATE	CERTIFICATE OF STATUS DESIRED 58.75 Additional Fee required for a Certificate of Status			
•		7. Nam	e and Address o	f Current Regis	tered Agent		•					
Name ROBERTO TOLRES								The re	The reinstatement fee is imposed, except in			
Street Address (P.O. Box Number is Not Acceptable)									circumstances which the entity did not receive the prior notices. By checking this box, you			
Suite, Apt.		5W	24 st					are ce	are certifying the prior notices were not			
								fee be	received and requesting the reinstatement fee be waived.			
MIRAMAR					F		Code 25	9772	07/24/07-0654-022 **490.00			
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									Date 7/12/07			
REGISTERED AGENT MUST SIGN												
9. Names	and Street A	ddresses	of Each Officer and	d/or Director (Flo	rida nonprofit d				ı			
Titles	Name of Officers and/or Directors			Street Address of Each Officer and/or Director				City / State / Zip				
Ρ	ROBE	eto	TOLLES		10253	sn	245	T	MIRAMPA, FL.	33025		
V	Cheis	Tuphe	n MAI	021°	15063	SW	13	CT	SUMRISE, FL.	33326		
S	JEFF	· L	ery		17914	SW	10	cT	PEMBROKE PINE	5, 77. 33029		
T	Mic	HAEL	TAUSSIE	,	129	NW	73	Ale	PLANTATION, FI	(. 33317		
<u>D</u>	J05	L ~	doniz		2011	NN	56	way	Hollywood, FL	! 33021		
D	Jo	SHUI	SHUC	Н	16329	NW	12	55	PEMBROKE PINES,	FL. 33028		
	instatement ap	pplication,	the reason for diss	solution has beer	eliminated, the	e corporate na	me satisfic	es the requirements	apter 607 or 617, F.S. I further certiss of section 607.0401 or 617.0401,	F.S., that all fees		

on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

PLEA	SE READ ALL INS	TRUCTIONS BE	FORE CO	OMPLETI	NG THIS FORM		
CORPORATION REINSTATEMENT		DEPARTMENT O Secretary of State				ar,	
DOCUMENT # 1. Corporation Name							
2. Principal of lice Addless - Or Suite, Apt. #, etc.	Box # S Mailing Suite, Apt. #	office Address	K	A	CR2E081 (1/07)		
Guile, Apr. W. etc.	Odini, 7 da il				orated or Qualified		
City & State Zip Country	City & Jude	untry	_7	5. El Nu be	\$8.75	Applied For Not Applicable Additional Fee requirec	
	ne and Address of Current Regi			CERTIFICATE	fol	a Certificate of Status	
Name Street Address (P.O. Box Number Suite, Apt. #, Etc. City			Zip Code	circums the pric are ce receive	instatement fee is imp stances which the entity or notices. By checkin rtifying the prior no ed and requesting the waived.	did not receive g this box, you tices were not	
8. I, being appointed the register	ed agent of the above named corp	oration, am familiar with a	nd accept the obli	igations of section	on 607.0505 or 617.0503, F.S.		
Signature of Registered Agent					Date	l l	
Adjistered Agent	REGISTERED A	GENT MUST SIGN			Date		
9. Names and Street Addresses	of Each Officer and/or Director (F	lorida nonprofit corporation	s must list at leas	st 3 directors)			
Titles Office	Name of s and/or Directors		Address of Each and/or Director		City / State / Zip		
D JOSEPH	HONE	9301 NW	21 Mm	nor	SUNRISE, FL	33322	
owed by the corporation have	director or the receiver or trustee the reason for dissolution has be been paid and the names of indiv accurate, and my signature shall	en eliminated, the corporati iduals listed on this form do	e name satisfies to not qualify for ar	he requirements rexemption con	of section 607.0401 or 617.04	01, F.S., that all fees	
	E AND TYPED OR PRINTED NAME O	F SIGNING OFFICER OR DIR	ECTOR		Date Dayt	irne Phone #	