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
98 NOV 30 PM 3:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N37849

1. Corporation Name

FORT WALTON BEACH LODGE NUMBER 44, FRATERNAL ORDER OF POLICE INC.

Principal Place of Business	Mailing Address
P.O. BOX 965 FT WALTON BEACH FL 32549-0965	P.O. BOX 965 FT WALTON BEACH FL 32549-0965

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

REINSTATEMENT 98

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida: 04/26/1990

5. FEI Number: 59-3011625 ☐ 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)

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
PD	BROWN, TIMOTHY	3583 BUCKHORN DRIVE	CRESTVIEW FL 32536
D	~~SPINELLA, STEPHEN~~ SPINELLA, STEPHEN	~~105 WRIGHT PARKWAY, #24~~ 2609 WINDSOR LANE	~~FT. WALTON BEACH FL 32547~~ FORT WALTON BEACH, FLORIDA 32547
D	~~HOLLAND, GENE~~ HOLLAND, GENE	~~671 MERIONETH DRIVE, NE~~ 671 MERIONETH DRIVE, NE	FT WALTON BEACH FL 32548 FORT WALTON BEACH, FLORIDA 32547
			200002702582 -127.00 011198 1 ****236.25 ****236.25

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
BROWN, TIM 3583 BUCKHORN DRIVE CRESTVIEW FL 32536	Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City / State FL / Zip Code

CR2E040 (6/98)

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: SIGNATURE REQUIRED — Date: 11-19-98
REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. 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)(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 REQUIRED — 11-19-98 — (850)651-7350
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #