

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT #

N38085

1. Corporation Name

FLORIDA D.A.R.E. OFFICERS ASSOCIATION INC

2. Principal Office Address

2050 RINGLING BLVD

Suite, Apt. #, etc.

City & State

SARASOTA, FL

Zip

34237

Country

USA

3. Mailing Office Address

P.O. BOX 15338

Suite, Apt. #, etc.

City & State

SARASOTA, FL

Zip

34277-1388

Country

USA

FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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REINSTATEMENT

4. Date Incorporated or Qualified  
To Do Business in Florida

05/11/1990

5. FEI Number

59-3053500

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

DENNIS K. BOWERS

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

2050 RINGLING BLVD

Suite, Apt. #, Etc.

City

SARASOTA

State

FL

Zip Code

34237

LS

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

Dennis K. Bowers

Date

7/25/01

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D Pres	Glenn T. Ansley	14750 Six Mile Cypress Prkwy	Ft. Myers, FL 33912
D V.P.	Dale Crosby	400 West Robinson St.	Orlando, FL 32801
D 1st V.P.	Roxane Whidden	2825 Municipal Way	Tallahassee, FL 32304
D Sec.	Kenneth Stevens	10750 Ulmerton Rd	Largo, FL 33778
D Treas	Dennis K. Bowers	2050 Ringling Blvd	Sarasota, FL 34237
D Sgt @ Arms	Rob Hogan	14750 Six Mile Cypress Prkwy	Ft. Myers, FL 33912

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:

Dennis K. Bowers / Dennis K. Bowers

7/25/01

(941) 954-7094

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #