


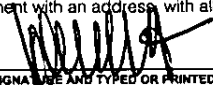


2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N40651 1. Entity Name FORT LAUDERDALE POLICE OFFICER'S ASSOCIATION, INC.						FILED 08 FEB 19 AM 8:54 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 4500 S.W. 13TH STREET FT. LAUDERDALE, FL 33317-6801 US				Mailing Address P. O. BOX 14066 FT LAUDERDALE, FL 33302 US			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address		 REINSTATEMENT 07-08			
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip	Country	Zip	Country	4. FEI Number 59-6004309		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent RODDY, MICHAEL 1300 W BROWARD BLVD FORT LAUDERDALE, FL 33312				7. Name and Address of New Registered Agent Name Mayra Rose Street Address (P.O. Box Number is Not Acceptable) 1300 W. Broward Blvd. Fort Lauderdale, FL City FL Zip Code 33312			
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.							
SIGNATURE  <small>Signature, typed or printed name of registered agent and title if applicable</small>				DATE 2/5/18 <small>(NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$236.25 After January 1, 2008, Fee will be \$297.50				Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD FUNKEY, CHARLES <input checked="" type="checkbox"/> Delete 1300 W BROWARD BLVD FORT LAUDERDALE, FL 33312			TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Hancock, KM <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1300 W. Broward Blvd Fort Lauderdale, FL 33312		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RODDY, MICHAEL <input checked="" type="checkbox"/> Delete 1300 W BROWARD BLVD FORT LAUDERDALE, FL 33312			TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Mayra Rose <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1300 W. Broward Blvd Fort Lauderdale, FL 33312		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SWENSON, WAYNE <input type="checkbox"/> Delete 1300 W. Broward Blvd. FORT LAUDERDALE, FL 33312			600118327836 02/19/08--01032--020 **297.50			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD KILEY, PAUL <input type="checkbox"/> Delete 1300 W. Broward Blvd FORT LAUDERDALE, FL 33312			<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.							
SIGNATURE:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date 2/5/18 Daytime Phone # 954-587-7820			