

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2009 FEB 23 PM 5:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N40651

1. Corporation Name

Fort Lauderdale Police Officers Association
Inc.

2. Principal Office Address - No P.O. Box #

4500 S.W. 13 St.

Suite, Apt. #, etc.

City & State

Ft. Laud. FL

Zip

33317

Country

Broward

3. Mailing Office Address

4500 S.W. 13 St.

Suite, Apt. #, etc.

City & State

Ft. Laud FL

Zip

33317

Country

Broward

600144158756
02/23/09--01005--003 **358.75

REINSTATEMENT 07-09
CR2E081 (12/08)

**4. Date Incorporated or Qualified
To Do Business in Florida**

5. FEI Number

59-6004309

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

Swenson, Wayne

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

1300 W. Broward Blvd.

Suite, Apt. #, Etc.

City

Ft. Laud. FL

State

FL

Zip Code

33312

☐ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

Wayne Swenson
REGISTERED AGENT MUST SIGN

Date 2/9/09

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	Swenson, Wayne	1300 W. Broward Blvd	Ft. Laud. FL 33312
C	Kiley, Paul	1300 W. Broward Blvd	Ft. Laud FL 33312
TD	Rose, Margaret	1300 W. Broward Blvd	Ft. Laud. FL 33312
TD	Hancock, Kim	1300 W. Broward Blvd	Ft. Laud FL 33312

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 contained in Chapter 119, 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:

Wayne Swenson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/9/09

Date

954-587-8560

Daytime Phone #