

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED
05 JUN 10 PM 4:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # NY1066

1. Corporation Name

THE POST POLICE SUPPORT GROUP OF PALM BEACH
COUNTY, INC.

2. Principal Office Address

13104 MEADOWBREEZE DRIVE

Suite, Apt. #, etc.

3. Mailing Office Address

13104 MEADOWBREEZE DRIVE

Suite, Apt. #, etc.

City & State

WELLINGTON FL.

Zip

33414

Country

USA

City & State

WELLINGTON, FL.

Zip

33414

Country

USA

4. Date Incorporated or Qualified To Do Business in Florida NOVEMBER 29, 1990

5. FEI Number

65-0230310

☒

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

MRS. A. JANE MADES

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

13104 MEADOWBREEZE DRIVE

Suite, Apt. #, Etc.

City

WELLINGTON

State

FL

Zip Code

33414

200056150992
06/14/05 01047--001 ***15.00

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

A. Jane Mades

REGISTERED AGENT MUST SIGN

Date 06/07/05

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
(T.) MR.	HOWARD H. MADES	13104 MEADOWBREEZE DRIVE	WELLINGTON, FL. 33414
(P.) MR.	WILLIAM (BILL) FOGELMAN	2581 BARKLEY DRIVE, APT C	WEST PALM BEACH, FL. 33415
(D.) MRS.	LUCY SCHOLINE	10129 41ST DRIVE # 191	BOYNTON BEACH, FL. 33435

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:

HOWARD H. MADES, TREASURER *Howard Mades*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

06/07/05 560-333-9088

Daytime Phone #

CR2E081 (01/05)