

2004 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N41857 1. Entity Name BOB SIKES CHAPTER, THE RETIRED OFFICERS ASSOCIATION, INC.																										
Principal Place of Business P O BOX 3875 MILTON, FL 32572		Mailing Address P O BOX 3875 MILTON, FL 32572																								
2. Principal Place of Business MILTON, FLORIDA Suite, Apt. #, etc. P.O. Box 3875 City & State MILTON, FLORIDA Zip 32572 Country Cuba Rosa		3. Mailing Address MILTON, FLORIDA Suite, Apt. #, etc. P.O. Box 3875 City & State MILTON, FLORIDA Zip 32572 Country Cuba Rosa																								
6. Name and Address of Current Registered Agent HAZUKHA, PAUL 3305 MILLS BAYOU DR MILTON, FL 32583		4. FEI Number 59-3005246																								
7. Name and Address of New Registered Agent Name FRANK F. SHELBY Street Address (P.O. Box Number is Not Acceptable) 5457 ROWE TRAIL City PAGE State FL Zip Code 32571		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required																								
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: <u>Frank F. Shelby</u> DATE: <u>23 November 2004</u> (NOTE: Registered Agent signature required when reinstating)																										
FILE NOW!!! FEE IS \$236.25 After January 1, 2005, 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																								
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <u>FRANK F. SHELBY</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date: <u>23 Nov. 2004</u> (850) 994-8999 Daytime Phone #																								

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 2004