

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

01 JUL 18 PM 1:54

CORPORATION  
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # N43564

1. Corporation Name

Fraternal Order of Police Lodge #69, Inc.

2. Principal Office Address

2310 6th Street

Suite, Apt. #, etc.

City & State

Vero Beach, FL

Zip

32962

Country

US

3. Mailing Office Address

P O Box 1588

Suite, Apt. #, etc.

City & State

Vero Beach, FL

Zip

32961

Country

US

4. Date Incorporated or Qualified  
To Do Business in Florida

5/20/1991

5. FEI Number

23-7585499

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

Byron Sickman

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

2905 1st Lane

Suite, Apt. #, Etc.

City

Vero Beach

State

FL

Zip Code

32968

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

Byron D Sickman

REGISTERED AGENT MUST SIGN

Date 06-09-01

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
DP	C. Philip Craig	3336 2nd Place	Vero Beach, FL 32968
DV	Byron D. Sickman	2905 1st Lane	Vero Beach, FL 32968
TD	Susie Erhardt	2310 6th Street	Vero Beach, FL 32962

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:

Susie M. Erhardt

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

6-9-01 561-770-5165

Daytime Phone #