

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

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DOCUMENT # N45637

1. Corporation Name

MARION COUNTY FRATERNAL ORDER OF POLICE #145, I  
NC.

Principal Place of Business

Mailing Address

4510SE 59 ST.  
OCALA FL 34471  
US

PO BOX 6473  
OCALA FL 34478  
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified  
To Do Business in Florida

10/15/1991

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
DP	MCNAMER, PHILLIP W.	4510 SE 59 ST.	OCALA FL
DV	RICHTER, PETER	4510 SE 59 ST.	OCALA FL
DS	WABBERSON, DEBORAH A.	4510 E 59 ST.	OCALA FL
DT	BORGIONI, STEVEN F	4510 SE 59 ST.	OCALA FL
			3700002340773--4 -11706797--01107--011 ****236.25 ****236.25

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MCNAMEE, PHILLIP  
4510 SE 59 ST.  
OCALA FL 34471

Name

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of  
Registered Agent

*Phillip W. McNamee*

REGISTERED AGENT MUST SIGN

Date 10/30/97

11. This corporation owes or has paid the current year  
Intangible Personal Property tax due June 30.

Yes ☐ No ☒

(See other side for information  
on intangible tax.)

12. 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:

*Phillip W. McNamee*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/13/97

Date

352-687-0195

Daytime Phone #

CR20040 (8/97)