

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

FILED

02 MAY 13 AM 11:22

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** N45637

**1. Corporation Name**

MARION COUNTY FRATERNAL ORDER OF POLICE #145 INC.

300005610193--1  
-05/24/02--01044--013  
\*\*\*\*481.25 \*\*\*\*481.25

**2. Principal Office Address**

4510 SE 59 Street

Suite, Apt. #, etc.

**3. Mailing Office Address**

SAME

Suite, Apt. #, etc.

**City & State**

OCALA, FLORIDA

**City & State**

**Zip**

34480

**Country**

MARION

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

10/15/1991

**5. FEI Number**

N/AE

**Applied For**

☒ Not Applicable

**6. CERTIFICATE OF STATUS DESIRED** ☐

\$8.75 Additional Fee required  
for a Certificate of Status

REINSTATEMENT 98-02

**7. Name and Address of Current Registered Agent**

**Name**

PHILLIP MCNAMEE

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

4510 SE 59 STREET

**Suite, Apt. #, Etc.**

**City**

OCALA

State  
**FL**

Zip Code  
34480

**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

*Phillip McNamee*  
REGISTERED AGENT MUST SIGN

Date

5.9.02

**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	PHILLIP MCNAMEE	4510 SE 59 STREET	OCALA, FL. #\$\$\$)
DV	DENNIS STROW	5175 SE 41 AVE.	OCALA, FL. 34480
DT	STEVEN BORGIONI	3660 NW 105 STREET	OCALA, FL. #\$\$&%
DS	DONNA BORGIONI	3660 NW 105 STREET	OCALA, FL. 34475
			phs/22

**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:**

*Phillip McNamee*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

5.9.02 352.369-6775

Daytime Phone #

CR2E081 (9/01)