

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED
01 MAR 28 PM 3:52
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # N 48561

1. Corporation Name

Florida Sex Crimes Investigators Association, Inc.

2. Principal Office Address

2601 W. Broward Blvd

Suite, Apt. #, etc.

Suite 2501

City & State

Fort Lauderdale, FL

Zip

33312

Country

USA

3. Mailing Office Address

P.O. Box 9542

Suite, Apt. #, etc.

City & State

Fort Lauderdale, FL

Zip

33310

Country

USA

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-04/04/01--01069--009
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**4. Date Incorporated or Qualified
To Do Business in Florida**

4-23-92

5. FEI Number

59-3136943

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

Don Scarbrough

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

2601 W. Broward Blvd

Suite, Apt. #, Etc.

Suite 2501

City

Fort Lauderdale

State

FL

Zip Code

33312

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

Don E. Scarbrough

Date 3-23-01

REGISTERED AGENT MUST SIGN

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
PI/D	Ronald Jones	2801 Coral Springs Drive	Coral Springs, FL 33065
VI/D	Christopher Berry	100 So. Hughey Avenue	Orlando, FL 32801
TI/D	Fernando Gajate	100 S.W. 3 rd Avenue	Pompano Beach, FL 33069
SI/D	Don Scarbrough	2601 W. Broward Blvd #2501	Fort Lauderdale, FL 33312
CI/D	Dehlia Bailey	7955 N.W. 12 th St, Suite 321	Miami, FL 33126

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:

Don E. Scarbrough
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-23-01

Date

954-321-4245

Daytime Phone #

CR2E081 (9/00)