

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 NOV -5 AM 9:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N48561

1. Corporation Name

Florida Sex Crimes Investigators' Association, Inc.

2. Principal Office Address - No P.O. Box #

3521 W. Broward Boulevard

3. Mailing Office Address

P.O. Box 9542

Suite, Apt. #, etc.

Suite #101

Suite, Apt. #, etc.

City & State

Fort Lauderdale, FL

City & State

Fort Lauderdale, FL

Zip

33312

Country

U.S.A

Zip

33310-9542

Country

U.S.A.

4. Date Incorporated or Qualified
To Do Business in Florida

04/23/1992

5. FEIN Number

593136943

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
Fernando Gajate

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

3521 W. Broward Boulevard

Suite, Apt. #, Etc.

Suite #101

City

Fort Lauderdale

State

FL

Zip Code

33312

☐ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

REGISTERED AGENT MUST SIGN

Date 10-30-07

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
Pres	Fred Eckert	212 Blanding Boulevard	Orange Park, FL 32073
V.Pres	Courtney Moore	3228 Gun Club Road	West Palm Beach, FL 33406
Treas	Fernando Gajate	3521 W. Broward Boulevard, #101	Fort Lauderdale, FL 33312
Secr	Don Scarbrough	1620 N.E. 17 Way	Wilton Manors, FL

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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 contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FERNANDO GAJATE

Date

10-30-07

Daytime Phone #

(954) 325-7384