

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

97 DEC 15 AM 9:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N49559

1. Corporation Name

THE FRATERNAL ORDER OF POLICE ASSOCIATES, LODGE
35, INC.

Principal Place of Business

29290 MIRABELLA CIRCLE N.
BOCA RATON FL 33433

17201 HUNTINGTON PARKWAY
BOCA RATON, FL. 33496

Mailing Address

P.O. BOX 3868
BOCA RATON FL 33427
US

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

2. New Principal Office Address, If Applicable

17201 HUNTINGTON PARKWAY
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

BOCA RATON, FL

City & State

Zip 33496

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

06/24/1992

5. FEI Number

65-0342214

Applied For

Not Applicable

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
DS	STAVITSKY, BURTON	5034 SUFFOLK DRIVE	BOCA RATON FL 33496
DP	STONE, NORBERT	6990 CALLE DEL PAZ	BOCA RATON FL 33433
DT	SIGEL, STUART	4431 WOODFIELD BLVD.	BOCA RATON FL 33434
VP	FEUERMAN, GEORGE	17201 HUNTINGTON PARKWAY	BOCA RATON, FL. 33496
CHAP.	HERASYMCHUCK, ALEXANDER	1123 S. W. 13th. DRIVE	BOCA RATON, FL. 33486

8. Name and Address of Current Registered Agent

FALCO, VERA M.
43298 MIRABELLA CIRCLE NORTH
BOCA RATON FL 33433

9. Name and Address of New Registered Agent

Name
NORBERT STONE

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

6990 CALLE DEL PAZ

Suite, Apt. #, Etc.

City

BOCA RATON

State

FL

33433

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

Norbert Stone

REGISTERED AGENT MUST SIGN

Date 12/10/97

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

NORBERT STONE

Date

12/10/97

Daytime Phone #

94-156-8160

CR20040 (9/97)