

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2007 APR 25 AM 10:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *N9300000724*

1. Corporation Name

*Crimestoppers of Washington County,
INC.*

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

1068 Main St.

Suite, Apt. #, etc.

3. Mailing Office Address

1068 Main St.

Suite, Apt. #, etc.

City & State

Chipley, Fla

Zip

32428

Country

Washington

City & State

Chipley, Fla

Zip

32428

Country

Washington

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

5. FEI Number

593146832

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

Donald Brown

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

1068 Main St

Suite, Apt. #, Etc.

City

Chipley

State

FL

Zip Code

32428

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

Donald Brown

REGISTERED AGENT MUST SIGN

Date *4-23-07*

☒ 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.

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	DONALD BROWN	1068 Main St.	Chipley, Fla 32428
Sec/Tre	Katie Owen	21170 Old Bonifay Rd	Chipley, Fla 32428
	DALLAS ANDERSON	(Deceased)	
Dir.			

REINSTATEMENT

CG-07

B 5/2/07

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:

Donald Brown

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4-23-07

Daytime Phone #

850-638-4010