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 NOV 26 PM 2:45
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **N94000003710**

1. Corporation Name

ORMOND BEACH CITIZEN POLICE ACADEMY ALUMNI ASSOCIATION, INC.

Principal Place of Business	Mailing Address
170 W GRANADA BLVD ORMOND BEACH FL 32174 US	PO BOX 636 ORMOND BEACH FL 32175

REINSTATEMENT 97aw

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

2. New Principal Office Address, If Applicable
Suite, Apt. #, etc.
City & State
Zip | Country

3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc.
City & State
Zip | Country

4. Date Incorporated or Qualified To Do Business in Florida: 07/25/1994

5. FEI Number: 59-3313841 ☐ 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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
~~D~~	~~HECK, SUSAN~~	~~156 ORMWOOD DR~~	~~ORMOND BEACH FL 32176~~
P/D	Simmons, Helenann	417 Sea Shadow Lakes Blvd	Ormond Beach, FL 32174
~~D~~	~~NEWELL, BONNIE~~	~~156 ORCHARD LN~~	~~ORMOND BEACH FL 32176~~
V/D	Zappi, Al	170 W. Granada Blvd.	Ormond Beach, FL 32174
~~D~~	~~BUONAMANO, TONY~~	~~30 CHIPPINGWOOD LN~~	~~ORMOND BEACH FL 32176~~
T	Jeanne Parker	36 Chippingwood Lane	Ormond Beach, FL 32176
~~D~~	~~SIMMONS, HELENANN~~	~~PO BOX 6343 N/A~~	~~DAYTONA BEACH FL 32122~~
S/D	Porta, Joseph	134 Seton Trail	Ormond Beach, FL 32176

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8. Name and Address of Current Registered Agent

~~STEWART, ROBERT L~~
170 W GRANADA BLVD
ORMOND BEACH FL 32174

9. Name and Address of New Registered Agent

Name: Andrew Scott
Street Address (P.O. Box Number is Not Acceptable): 170 W. Granada Blvd
Suite, Apt. #, Etc.:
City: Ormond Beach | State: FL | Zip Code: 32174

CR2E040 (8/97)

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: Helenann Simmons
REGISTERED AGENT MUST SIGN
Date: 11-21-97

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: Helenann Simmons
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date: (904)672-7454
Daytime Phone #