

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 27 PM 3:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N94000003710

1. Corporation Name

ORMOND BEACH CITIZEN POLICE ACADEMY ALUMNI ASSOCIATION, INC.

Principal Place of Business

170 W GRANADA BLVD
ORMOND BEACH FL 32174
US

Mailing Address

PO BOX 636
ORMOND BEACH FL 32175



REINSTATEMENT 03

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 3	City / State / Zip 4
PD	PEZZIMENT, FRANK	7 SYCAMORE CIRCLE	ORMOND BEACH FL 32174
VD	GIMMONS, HELENANN BRANDON JERK	125 H2 LACOSTA EANE 7 FAWN PASS WAY	DAYTONA BEACH FL 32114 ORMOND BEACH FL 32174
T	WILSON, EDIE	851 MATOIN RD MARVIN RD	ORMOND BEACH FL 32176
SD	PORTA, JOSEPH	134 SETON TRAIL	ORMOND BEACH FL 32176

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8. Name and Address of Current Registered Agent

MATHIESON, LARRY
170 W GRANADA BLVD
ORMOND BEACH FL 32174

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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. or 617.0505, F.S.

Signature of Registered Agent

REGISTERED AGENT MUST SIGN

Date

10/20/03

11. 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

Date

Daytime Phone #

cell # 386 235 7302
10/21 386 676 0134

CR2E040 (7/03)