

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

01 MAR 15 PM 2:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N95000003984

1. Corporation Name

S.T.O.P.P. LEGAL DEFENSE FUND, INC.

Principal Place of Business

4109 BANDY BLVD.
FT PIERCE FL 34981

Mailing Address

PO BOX 12279
FT PIERCE FL 34979



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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

08/21/1995

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3332503

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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
DV	JORDAN, BISHOP	245 QUAYSIDE CIR.	MAITLAND FL 32751
DVS	BISHOPE, JORDAN	245 QUAYSIDE CIR.	MAITLAND FL 32751
PD	HADDEN, GENE	1599 FARM ROAD	SEBRING FL 33810
TD	STOSSEL, ROBERT JR.	14241 77 PLACE N.	LOXAHATCHEE FL 33470
CD	ALLEN, NOLAN D	3958 OAK HAMMOCK LANE	FT. PIERCE FL 34981
REINSTATEMENT 2000-01			

8. Name and Address of Current Registered Agent

ALLEN, NOLAN D
3958 OAK HAMMOCK LANE
FT PIERCE FL 34981

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

400003887824-1

03/20/01-01033-005

****358.75

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

Nolan D Allen
REGISTERED AGENT MUST SIGN

Date

3-9-01

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

NOLAN D ALLEN

Date

3-9-01 561 466 7707

Daytime Phone #

CR2E040 (8/99)