## PLEASE READ ALL INSTRUCTIONS REFORE COMPLETING THIS FORM

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|                         | PORATION<br>STATEMENT   |                                       | Secr                            | PARTMENT OF STAT<br>retary of State<br>I OF CORPORATIONS | E //s;                | FILED STATE ON OF CORPORATIONS MAR 14 PM 3: 15   | ·                                      |  |
| 1. Corporat             | IBROKE PII  | N950000<br>NES CITIZEI<br>CIATION, IN | NS' POLICE                      | ACADEMY  |                       |  |  |  |
| <del></del> '           |   |                                       | _                               | ing Office Address<br>O8 NW 12TH ST                      |                       | ,  |  |  |
| Suite, Apt. #, etc.     |   |                                       | Suite, Apt. #, etc.             |  | -4. Date Incom        | porated or Qualified   |  |  |
| City & State            | EMBROKE PINES, FL   |                                       | City & State PEMBROKE PINES, FL |  | To Do Bus             | To Do Business in Florida 09/22/1995  5. FEI Number Applied For Not Applied be No |  |  |
| Zip<br>33025            | Coun  | -                                     | 33026                           | USA  | 6. CERTIFICATE        | E OF STATUS DESIRED S8.75 Addition for a Cer   | tional Fee required tificate of Status |  |
|                         | Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)  9500 PINES BLVD.  Suite, Apt. #, Etc.  City  PEMBROKE PINES  peing appointed the registered agent of the above gamed corporation, am familiar with and accept the |                                       |                                 |  |                       | State   Zip Code   FL   33025   33025   33025   33025   3407.0505 or 617.0503, F.S.  |  |  |
| Signature of Registered |   | & Geel RI                             | EGISTERED AGENT                 | MUST SIGN  |                       | Date 10 March  | CR2E081 (10/02                         |  |
| 9. Names                | and Street Address  | es of Each Officer and                | d/or Director (Florida          | nonprofit corporations must list                         | at least 3 directors) |  |  |  |
| Titles                  | Titles Name of Officers and/or Directors  |                                       |                                 | Street Address of Each<br>Officer and/or Director        |                       | City / State / Zip   |  |  |
|                         | Please See Attached Sheet   |                                       |                                 |  |                       |  |  |  |
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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 filling 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.

CHARLES W. BOEHM

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: \_

## Names and Street Addresses of Each Officer and/or Director

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| Titles | Name of<br>Officers and/or Directors | Street Address of Each<br>Officer and/or Director | City / State / Zip        |
|--------|--------------------------------------|---|---------------------------|
| P/D    | CHARLES W. BOEHM                     | 7360 MCARTHUR PKWY                                | HOLLYWOOD, FL 33024       |
| V/D    | EDWARD J. JENKINS                    | 15230 SW 51ST ST                                  | MIRAMAR, FL 33027         |
| T/D    | ESTELLE KFARE                        | 150 S HOLLYBROOK TER                              | PEMBROKE PINES, FL 33025  |
| S/D    | DEBORAH BROWN                        | -6711 SW-5TH ST                                   | -PEMBROKE PINES, FL-33023 |
| D      | BRUCE D. EISNER                      | 11840 SW 16TH ST                                  | PEMBROKE PINES, FL 33025  |
| D      | LEO C. ENGEL                         | 7910 TAFT ST, APT 306                             | PEMBROKE PINES, FL 33024  |
| D      | LOUIE H. WELLS                       | 1531 NW 114TH AVE                                 | PEMBROKE PINES, FL 33026  |

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Pembroke Pines CPA Alumni Association c/o Pembroke Pines Police Dept. C.A.U. 9500 Pines Blvd Pembroke Pines, FL 33025

Ph: (954) 989-3662

www.pembrokepinescpa.com

March 6, 2003

Department of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

To Whom It May Concern:

We wish to reinstate our nonprofit corporation. We did not receive our annual report notice in 1999 and have not received any notices since that time. An examiner with the Division of Corporations confirmed that our notices were returned as undeliverable. Please accept this letter as our request for a waiver of the \$175.00 reinstatement fee.

Enclosed you will find our completed Corporation Reinstatement form and a check for \$306.25 to cover all years since our last filing. Thank you for your assistance in this matter.

Sincerely,

Charles W. Boehm

President

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