

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 MAY -5 AM 9:53

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N9700000040

1. Corporation Name
NORTH MIAMI BEACH POLICE
EMPLOYEES ASSOCIATION, INC

REINSTATEMENT 02-03

600016059186
04/15/03--01015--002 **236.25

2. Principal Office Address
16901 N.E. 19 AVE.

3. Mailing Office Address
SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. Date Incorporated or Qualified To Do Business in Florida 12/30/96

City & State
N.M. BEACH, FLORIDA

City & State

5. FEI Number
650732697

Applied For
Not Applicable

Zip
33162

Country
MIAMI-DATE

Zip

Country

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
KERRY E. ROSENTHAL ESQ.

Street Address (P.O. Box Number is Not Acceptable)
2875 N.E. 191ST TURN BERRY PLAZA SUITE 500

Suite, Apt. #, Etc.

City
AVENTURA

State
FL

Zip Code
33180

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 REGISTERED AGENT MUST SIGN

Date 4/9/03

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	ALFRED D. STURTZ D	16901 N.E. 19 AVE.	N. M. BEACH, FL 33162
V.P.	STEVEN MORRIS D	" " "	" " " "
Secy/Treas.	KATHY KATERMAN D	" " "	" " " "

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05/05/03--01112--015 **61.25

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 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

3/29/03
Date

305-525-8108
Daytime Phone #

CR2E081 (10/02)

5/19/03