PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1 of 2

APPLICATION FOR 1999-2000 UBR

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
00 JUN 21 AM 11:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N97000002968

1. Corporation Name

TRANSGENDERED OFFICERS PROTECT/SERVE INC.

Principal Place of Business	Mailing Address
3210 TOM MATTHEWS ROAD LAKELAND FL ~~33809~~	3210 TOM MATTHEWS ROAD LAKELAND FL ~~33809~~

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
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip: 33810-2460 Country	Zip: 33810-2460 Country

4. Date Incorporated or Qualified To Do Business in Florida: 05/23/1997

5. FEI Number: 593452515 ☐ 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
NED	BARRETO-NETO, M.L. ANTHONY	3210 Tom Mathews Rd.	Lakeland, FL 33810-2460
D	David Brogan	118 So. Westshore Blvd #255	Tampa, FL 33609
C/D	Betsy Long	3210 Tom Mathews Rd.	Lakeland, FL 33810-2460
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8. Name and Address of Current Registered Agent

BARRETO-NED, M L
3210 TOM NMATTHEWS ROAD
LAKELAND FL 33809

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

CR2E040 (9/98)

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: M.L. Anthony Barreto-Neto SIGNATURE REQUIRED — Date: 5/30/99
REGISTERED AGENT MUST SIGN

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: M.L. Anthony Barreto-Neto SIGNATURE REQUIRED — 5/30/99 — 1-888-983-3222
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0068517 AF

6/12/98

Please note that I did not receive the Reject Letter in September. Please waive Re instatement

Please also send a certificate of status from Funds Later on 5/99

M.L Anthony Barreto-Neto

NB Kathy Ashton (as per your instructions)