

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

09 OCT 22 AM 10:05

DOCUMENT # N97000004930 (0)

1. Corporation Name

Emerald Coast Crime Stoppers

100162039021
10/22/09--01042--001 **297.50

100162039021
10/22/09--01042--002 **61.25
CR2E081 (12/08)

2. Principal Office Address - No P.O. Box #

1250 North Eglin Parkway

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 2335

Suite, Apt. #, etc.

City & State

Shalimar, Florida

City & State

Fort Walton Beach, Florida

Zip

32579

Country

United States

Zip

32549

Country

United States

**4. Date Incorporated or Qualified
To Do Business in Florida**

8/28/1997

5. FEI Number
59-3499779

☐ Applied For
☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

**\$8.75 Additional Fee required
for a Certificate of Status**

7. Name and Address of Current Registered Agent

Name

Jill Kendall

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

1250 North Eglin Parkway

Suite, Apt. #, Etc.

City

Shalimar

State

FL

Zip Code

32579

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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 **September 24, 2009**

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
	Jill Kendall - Chairperson	P.O. Box 2335	Fort Walton Beach, Florida 32549
	Shari Bruns - Vice-Chairperson	P.O. Box 2335	Fort Walton Beach, Florida 32549
	Paula N. Wagner - Treasurer/Sec	P.O. Box 2335	Fort Walton Beach, Florida 32549

STATEMENT 07-09
13. 10/26/09

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 contained in Chapter 119, 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:

Jill Kendall

Jill Kendall

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/24/2009

Date

850-664-9579

Daytime Phone #