PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMEN [®]



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

N97000005820 DOCUMENT

1. Corporation Name

FRATERNAL ORDER OF POLICE LODGE NUMBER 154 FLOR IDA RAILROAD POLICE, INC.

Principal Place of Business

7200 HW 69 AVE ROAD V MIAMI SPRINGS FL 33266

Mailing Address

7300 NW 69 AVE ROAD MIAMI SPRINGS FL 33266

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

2 New Principal Office Address. If Applicable 1300 NW 69 Ave	8 New Mailing Office Address, If Applicable P.O. Box 660630
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State . FL	Minmi Springs FL
33166 Country	33266-0630 Country



NSTATEMENT 98-99 10/15/1997

5. FEI Number

65-0729580

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50 NPR 13 PH 1: 38

Applied For Not Applicable

CERTIFICATE OF STATUS DESIRED X

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)	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3 (Do NOT Use Post Office Rose Nonthers.)	City / State / Zip	
P,D	Ray A. Register	7503 Palomar Street	Ft. Pierce,Fl 34951	
VP,D	Gary Pierce	15703 Woodgate Place	Sunrise, Fl 33325	
S,T,D	G.H. Young	110 Palm Breeze Drive	Edgewater, FL 32141	
D	Mark Weinstein	15755 Woodgate Place	Sunrise, FL 33326	
		n	000028626307 -05/04/9901088024 *****61.25 *****61.25	
8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent				

Name

Sherry Cote! - Jarvis, Esq Street Address (P.O. Box Number is Not Acceptable) 602 Indian River Blvd.

Suite 201

-n5/n4/9%...00008...025

Edgewater agent of the bove named com am familiar with and accept the obligations of Section 607.0505, F

This corporation owes or has paid the current year Intangible Personal Property tax due June 30.

Yes 🖾 No

(See other side for information

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 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

SIGNATURE:

NEWMAN, ANDREA E 44 WEST FLAGLER STREET

SUITE 407

Signature of Registered Agent

MIAMI FL 33130

SIGNATURE AND TYPED OR P