

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 NOV 15 AM 10:28

DOCUMENT # N97000006003

1. Corporation Name

FRATERNAL ORDER OF POLICE, TALLAHASSEE LODGE 16
2 INC.

Principal Place of Business

242 OFFICE PLAZA
TALLAHASSEE FL 32301

Mailing Address

P O BOX 1656
TALLAHASSEE FL 32302-1656



REINSTATEMENT

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

4. Date Incorporated or Qualified
To Do Business in Florida

10/24/1997

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3458481

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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 3	City / State / Zip 4
D	HENKEL, TOM	242 OFFICE PLAZA	TALLAHASSEE FL 32301
D	BEEMAN, JOHN	242 OFFICE PLAZA	TALLAHASSEE FL 32301
D	ANDERSON, MARY	242 OFFICE PLAZA	TALLAHASSEE FL 32301
D	ISOM, CRAIG	242 OFFICE PLAZA	TALLAHASSEE FL 32301
D	YONCE, JEFF	242 OFFICE PLAZA	TALLAHASSEE FL 32301
			300003488079--0 -12/05/00--01092--035 ****236.25 ****236.25

8. Name and Address of Current Registered Agent

~~YONCE, JEFF~~
242 OFFICE PLAZA
TALLAHASSEE FL 32301

9. Name and Address of New Registered Agent

Name

TOM HENKEL

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

242 OFFICE PLAZA DR.

Suite, Apt. #, Etc.

City

TALLAHASSEE

State

FL

Zip Code

32301

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

SIGNATURE REQUIRED

Date 11/13/00

REGISTERED AGENT MUST SIGN

11. 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

11/13/00 (850) 531-0680
Date Daytime Phone #