

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 OCT 27 AM 10:42

DOCUMENT # N98000001644

1. Corporation Name

TREASURE COAST LAW ENFORCEMENT, INC.

Principal Place of Business

Mailing Address

962 S.W. HABERLAND AVENUE
PORT ST. LUCIE FL 34953

962 S.W. HABERLAND AVENUE
PORT ST. LUCIE FL 34953



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

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

03/17/1998

5. FEI Number

59-3563917

Applied For

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 3	City / State / Zip 4
PD	MCCANDLESS, BRIAN	962 S.W. HABERLAND AVENUE	PORT ST. LUCIE FL 34953
SVPD	PRIOR, ROBERT	962 S.W. HABERLAND AVENUE	PORT ST. LUCIE FL 34953
VPD	GANNON, KEVIN	962 S.W. HABERLAND AVENUE	PORT ST. LUCIE FL 34953
SD	BRAME, BEVERLY	962 S.W. HABERLAND AVENUE	PORT ST. LUCIE FL 34953
TD	MIDDLETON, MARK	962 S.W. HABERLAND AVENUE	PORT ST. LUCIE FL 34953

8. Name and Address of Current Registered Agent

MCCANDLESS, BRIAN
962 S.W. HABERLAND AVENUE
PORT ST. LUCIE FL 34953

9. Name and Address of New Registered Agent

Name

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

962 SW Hamberland Av.

Suite, Apt. #, Etc.

City

Port st Lucie

State

FL

Zip Code

34953

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]

Date Oct 18 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

Date

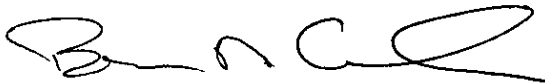
Daytime Phone #

561
Oct 18 00 336 3683

CR2E040 (9/00)

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I spoke to Kristen from your office she told me to send you this letter stating that I never received a June 6th letter. Which I did not. This letter was in reference to my EIN number. In a letter dated 3-29-99 my assigned number is 59-3563917. I used a local attorney to draw up all this paperwork, (Dave Golden). I apologize for any inconvenience. Also on this current application the address is wrong the correct address is 962 S.W. Hamberland Av. The rest is correct.



Brian McCandless
Treasure Coast Law Enforcement.