

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

06 AUG 14 AM 10:32

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N98000004522

1. Corporation Name
NORTH MIAMI POLICE OFFICERS' ASSOCIATION, INC.

2. Principal Office Address N. MIAMI POLICE Suite, Apt. #, etc. 700 NE 124 ST City & State N. MIAMI, FL Zip 33161 Country USA		3. Mailing Office Address NMPDA Suite, Apt. #, etc. 12555 BISC BLVD #PMB 450 City & State N. MIAMI, FL Zip 33161 Country USA	
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4. Date Incorporated or Qualified To Do Business in Florida 1998	
5. FEI Number 65-0845956	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent	
Name TIMOTHY LITTLEFIELD C/O NMPD	
Street Address (P.O. Box Number is Not Acceptable) 700 NE 124 ST	
Suite, Apt. #, Etc. N. MIAMI	
City N. MIAMI	State FL
Zip Code 33161	

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 Timothy W. Littlefield Date 08 10 06

REGISTERED AGENT MUST SIGN

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
PRES	PETER CRUZ	700 NE 124 ST	N. MIAMI, FL 33161
VP	MARIA CRISTINA CASAS	700 NE 124 ST	N. MIAMI, FL 33161
SEC.	SCOTT CROYE	700 NE 124 ST	N. MIAMI, FL 33161
TREA.	NIEL F. JOHNSON	700 NE 124 ST	N. MIAMI, FL 33161
TRUS.	ROBERT BAGE	700 NE 124 ST	N. MIAMI, FL 33161
TRUS	DONALD BLANCHARD	700 NE 124 ST	N. MIAMI, FL 33161

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: NIEL F JOHNSON 08-10-06 786-255-6011

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #