


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 <u>N. MIAMI POLICE</u> | | 3. Mailing Office Address <u>NMPOA</u> | |
| Suite, Apt. #, etc. <u>700 NE 124 ST</u> | | Suite, Apt. #, etc. <u>12555 BISC BLVD # PMB 450</u> | |
| City & State <u>N. MIAMI FL</u> | | City & State <u>N. MIAMI FL</u> | |
| Zip <u>33161</u> | Country <u>USA</u> | Zip <u>33161</u> | Country <u>USA</u> |

REINSTATEMENT CR2E08102050104-06

4. Date Incorporated or Qualified To Do Business in Florida
1998

5. FEI Number
65-0845956

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
TIMOTHY LITTLEFIELD 40 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

500078763855
08/15/06--01024--003 **367.50

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 Date 08-10-06 Daytime Phone # 786-255-6011