

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N99000002680

1. Corporation Name

SUN COAST LAW ENFORCEMENT CHARITIES, INC

2. Principal Office Address - No P.O. Box #

14141 46TH ST NORTH

Suite, Apt. #, etc.

SUITE 1205

City & State

CLEARWATER

Zip

33762

Country

USA

3. Mailing Office Address

14141 46TH ST NORTH

Suite, Apt. #, etc.

SUITE 1205

City & State

CLEARWATER

Zip

33762

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

04/30/1999

5. FEI Number

593581556

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

MARK MARLAND

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

14141 46TH ST

Suite, Apt. #, Etc.

SUITE 1205

City

CLEARWATER

State

FL

Zip Code

33762

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

REGISTERED AGENT MUST SIGN

Date 1/20/2010

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
STD	LEHMANN, JOSEPH	14141 46TH ST N., STE 1205	CLEARWATER, FL 33762
S	REID, TRACI	14141 46TH ST N., STE 1205	CLEARWATER, FL 33762
ED	KROHN, MICHAEL	14141 46TH ST N., STE 1205	CLEARWATER, FL 33762
S	BROCKEW, SCOTT	14141 46TH ST N., STE 1205	CLEARWATER, FL 33762
SVP	LOFTON, GEORGE	14141 46TH ST N., STE 1205	CLEARWATER, FL 33762

10. E-mail Address:

(To be used for future annual report notification)

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. I further certify, 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:

PRESIDENT, MARK MARLAND 1/20/2010 727-638-3988

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

10 JAN 21 PM 12:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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