

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR



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

FILED

01 JAN -5 AM 11:12

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **N99000003128**

1. Corporation Name

**POLICE AND FIRE COMMAND STAFF ORGANIZATION OF THE CITY OF MIAMI BEACH, INC.**

Principal Place of Business

Mailing Address

407 LINCOLN RD.,PH-SE  
MIAMI BEACH FL 33139

407 LINCOLN RD.,PH-SE  
MIAMI BEACH FL 33139

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

05/20/1999

5. FEI Number

☒ 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
DP	SCHNEIDER, PATRICIA	407 LINCOLN RD.,PH-SE	MIAMI BEACH FL 33139
DS	MONTGOMERY, ROBERT	407 LINCOLN RD.,PH-SE	MIAMI BEACH FL 33139
D	DELFAVERO, ED	407 LINCOLN RD.,PH-SE	MIAMI BEACH FL 33139

100003575841--5  
-01/26/01--01017--019  
\*\*\*\*\*70.00 \*\*\*\*\*70.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SWITKES, ROBERT L  
407 LINCOLN RD.,PH-SE  
MIAMI BEACH FL 33139

Name

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

Suite, Apt. #, Etc.

City

State  
**FL**

Zip Code

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

REGISTERED AGENT MUST SIGN

Date

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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2040 (8/00)

*Law Offices*  
*Rosen, Switkes & Levinson*

Pg. 2 of 2

HAROLD ROSEN  
ROBERT L. SWITKES  
NEIL H. LEVINSON

SPECIAL CONSULTANT  
HOWARD GROSS  
NOT A MEMBER OF THE FLORIDA BAR

November 7, 2000

407 LINCOLN ROAD  
PENTHOUSE SOUTHEAST  
MIAMI BEACH, FLORIDA 33139-3008  
TELEPHONE (305) 534-4757  
TELEFAX (305) 538-5504  
EMAIL: mail@rosenandswitkes.com

Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

*Do not detach*

Re: Application for Reinstatement of Police and Fire Command  
Staff Organization of the City of Miami Beach, Inc., a  
Florida not-for-profit corporation

Dear Ladies or Gentlemen:

I am enclosing herewith the Application for Reinstatement of the above corporation, together with my firm check in the amount of \$70.00, which represents the annual report fee in the amount of \$61.25 and \$8.75 for a Certificate of Status.

Request is hereby made to waive the Reinstatement Fee, since the corporation never received the Uniform Business Report and I have been advised that you have evidence of this in your records.

A self-addressed, stamped envelope is enclosed for your convenience.

If you have any questions or need anything further, please advise.

Sincerely,

  
ROBERT L. SWITKES

RLS/dlm  
Enclosures  
gendocs\corp\corp.ltr