

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

01 MAR 12 PM 2:34

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # N99000005134

1. Corporation Name
**THE PINELLAS PARK CITIZENS POLICE
ACADEMY ALUMNI ASSOCIATION, INC.**

2. Principal Office Address
P.O. Box 1100

3. Mailing Office Address
P.O. Box 1100

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
PINELLAS PARK, FL

City & State
PINELLAS PARK, FL

4. Date Incorporated or Qualified
To Do Business in Florida **AUGUST 24, 1999**

5. FEI Number **59-3637559** Applied For
Not Applicable

Zip **33780-1100** Country **U.S.**

Zip **33780-1100** Country **U.S.**

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

7. Name and Address of Current Registered Agent

Name **THOMAS E. REYNOLDS, ESQUIRE**
Street Address (P.O. Box Number is Not Acceptable)
100 SECOND AVENUE NORTH
Suite, Apt. #, Etc. **SUITE 300**
City **ST. PETERSBURG**

REINSTATEMENT 2000-01
200003851952
-03/14/01-01016-021
State ***#006.25 ***#316.25
FL 33701

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 **Thomas E. Reynolds**
REGISTERED AGENT MUST SIGN

Date **3/6/01**

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
P	WILLIAM R. DELONG	6252 68 AVE. N.	PINELLAS PARK, FL 33781
D	ALEXANDER J. SUBATCH	5440 LARCHMONT CT.	PINELLAS PARK, FL 33782
T	SUSAN CANTRELL	P.O. Box 3252	PINELLAS PARK FL 33780
D	BOB WAGGONER	7994 POWDERHORN CIRCLE	LARGO, FL 33773
S	WINIFRED F. SUBATCH	5440 LARCHMONT CT.	PINELLAS PARK, FL 33782
D	ROBERT S. POTTER	P.O. Box 3252	PINELLAS PARK, FL 33780

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 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: **Alexander J. Subatch** **ALEXANDER J. SUBATCH** 3/7/01 127-541-7337
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E081 (9/00)