

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

01 JAN 18 AM 9:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N99000006073

1. Corporation Name

THE ROYAL PALM BEACH FRATERNAL ORDER OF POLICE
LODGE NO. 52, INC.

Principal Place of Business

Mailing Address

130 CYPRESS CRESCENT
ROYAL PALM BCH FL 33411

130 CYPRESS CRESCENT
ROYAL PALM BCH FL 33411

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

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

10/06/1999

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3	4
PD	ROBIN, ROBERT	130 CYPRESS CRESCENT	ROYAL PALM BCH FL 33411
VD	KACZOR, KEN MURPHY, T.E	11498 OKEECHOBEE BLVD.	ROYAL PALM BCH FL 33411 LS
RS	MURPHY, T.E SCHECTOR, LORRIE	11498 OKEECHOBEE BLVD.	ROYAL PALM BCH FL 33411
TD	FANELLI, FRANK CARINO, GABE	11498 OKEECHOBEE BLVD.	ROYAL PALM BCH FL 33411
D	FARRON, CHRIS	11498 OKEECHOBEE BLVD.	ROYAL PALM BCH FL 33411
D	STRONG, GEORGE LLEWELLYN, CRAIG	11498 OKEECHOBEE BLVD.	ROYAL PALM BCH FL 33411

8. Name and Address of Current Registered Agent

ROBIN, ROBERT
130 CYPRESS CRESCENT
ROYAL PALM BCH FL 33411

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

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 1-13-01

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-13-01

561-790-5180

CR25040 (8/00)