

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 SEP 27 AM 11:10

DOCUMENT # **P02000089062**

1. Corporation Name

DAYTONA BEACH POLICE OFFICER'S ASSOCIATION, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
08/06/04 01060012 236²⁵
800039952328
09/27/04--01043--007 **663.75

Principal Place of Business

Mailing Address

2090 S NOVA RD. STE 209-B
DAYTONA BEACH FL 32119

2090 S NOVA RD. STE 209-B
DAYTONA BEACH FL 32119

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

4. Date Incorporated or Qualified
To Do Business in Florida

08/15/2002

Suite, Apt. #, etc.

Suite, Apt. #, etc.

P.O. Box 9776

5. FEI Number

Applied For

City & State

City & State

DAYTONA BEACH FL

43-1986417

Not Applicable

Zip

Country

Zip

Country

32120

FLORIDA

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
P	FRANTZ, SCOTT	2090 S NOVA RD, STE 209-B	DAYTONA BEACH FL 32119
V	SLATER, ED	2090 S NOVA RD, STE 209-B	DAYTONA BEACH FL 32119
S	NEWCOMB, JIM	2090 S NOVA RD, STE 209-B	DAYTONA BEACH FL 32119
T	PEARSALL, TED	2090 S NOVA RD, STE 209-B	DAYTONA BEACH FL 32119

800039952328
08/06/04--01060--012 **236.25

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

FRANTZ, SCOTT
2090 S NOVA RD, STE 209-B
DAYTONA BEACH FL 32119

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. or 617.0505, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

07-30-04

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 #

07-30-04 386-290-7842

CR2E040 (7/03)