

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
97 JUN 12 AM 10:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 705905

1. Corporation Name

Hogan Spring-Glenn Volunteer
Fire Department

Principal Place of Business

Mailing Address

1443 Huffingham Lane
Jacksonville, Fl.
32216

REINSTATEMENT 96-97

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

07/16/1963

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-6138143

Applied For

Not Applicable

City & State

City & State

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

Zip

Country

Zip

Country

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P	Mathew Parramore	3988 Arbor Lake Cir.	Jacksonville, Fl. 32225
VP	Michael Goodwin	3601 Kernan Blvd. S. Apt. 1834D	Jacksonville, Fl. 32224
S	Alice Butcher	1802 Don Quixote Cir.	Jacksonville, Fl. 32250
D	Paula Scott	3000 Cornet Ln. Apt.110	Jacksonville, Fl. 32216
D	John Glasgow	8208 Oden Ave.	Jacksonville, Fl. 32216
D	James Ewing	11880 Hidden Hills Dr.	Jacksonville, Fl. 32225

8. Name and Address of Current Registered Agent

Glasgow, John R.
4320 Dalry Drive
Jacksonville, Fl. 32216

9. Name and Address of New Registered Agent

Name
Mathew Parramore
Street Address (P.O. Box Number is Not Acceptable)
3988 Arbor Lake Cir.
Suite, Apt. #, Etc.

City
Jacksonville

State
FL

Zip Code
32225

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

Mathew Parramore

REGISTERED AGENT MUST SIGN

Date 05/12/97
*****05.25 *****06.25
(See other side for information on intangible tax.)

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No

12. 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: Mathew Parramore *Mathew Parramore*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 05/12/97

(904) 446-1781
Daytime Phone #

CFR0040 (12/96)