

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION
FOR
REINSTATEMENT



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

REINSTATEMENT

1996

DOCUMENT # 706080

1. Corporation Name

THE HIGHLAND CITY VOLUNTEER FIRE DEPARTMENT, INC.

Principal Place of Business

Mailing Address

4104 CLUBHOUSE ROAD
PO BOX 217
HIGHLAND CITY FL 33046-0217

4104 CLUBHOUSE ROAD
PO BOX 217
HIGHLAND CITY FL 33046-0217

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

08/23/1963

5. FEI Number

59-2254076

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

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 (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
PD	PARRISH, MICHAEL	942 HAMILTON PLACE LN.	LAKELAND FL
VD	KIRBY, BRADLEY	4218 SPOONBILL CT.	LAKELAND FL
TD	WOMBLE, PAUL	6220 KITTY FOX LANE	HIGHLAND CITY FL
SD	STARK, LANE	5520 S.E. 2ND ST., LOT 2	HIGHLAND CITY FL
D	SHEFFIELD, MARLIN	3308 6TH ST SE	HIGHLAND CITY FL
PD	AYERSMAN, STEVE	3834 SPOONBILL CT	LAKELAND FL

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

AYERSMAN, STEVE
3834 SPOONBILL CT
LAKELAND FL 33813

Name

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

Suite, Apt. #, Etc.

City

400002002094--3

-11/13/96--01020--010

61.25 61.25

State

Zip Code

FL

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

Steve Ayersman
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

400002002094--3

Date 11/13/96--01020--011

175.00 175.00

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

(See other side for information
on intangible tax.)

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:

Steve Ayersman
SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11/13/96

941-644-5507