

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 OCT 28 PM 3:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **706080**

1. Corporation Name

THE HIGHLAND CITY VOLUNTEER FIRE DEPARTMENT, INC

Principal Place of Business

**4104 CLUBHOUSE ROAD
PO BOX 217
HIGHLAND CITY FL 33846-0217**

Mailing Address

**4104 CLUBHOUSE ROAD
PO BOX 217
HIGHLAND CITY FL 33846-0217**



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

4. Date Incorporated or Qualified
To Do Business in Florida

08/23/1963-

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-2254076

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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
VP	GREEN, AL	CREWS LAKE HILLS LOOP N	LAKE LAND FL 33813
S	SHORT, DAWN	4417 LAUREL AVE SE	HIGHLAND CITY FL 33846
PD	BREWER, JAMES	2230 PARKLAND LOOP SOUTH	LAKE LAND FL 33811
D	BENTON, PETE	5244 WATERWOOD RUN	BARTOW FL 33830
T/D	William LaLonde, William	210 Carey Place	Lake Land, FL 33803
			200008620012 10/28/02--01067--003 **236.25

8. Name and Address of Current Registered Agent

**WOMBLE, PAUL
4219 PALMETTO AVE. S.E.
HIGHLAND CITY FL 33846**

9. Name and Address of New Registered Agent

Name
William LaLonde
Street Address (P.O. Box Number is Not Acceptable)
210 Carey Place
Suite, Apt. #, Etc.

City
Lake Land

State

FL

Zip Code

33803

CR2E040 (8/02)

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

WILLIAM LALONDE REQUIRED
REGISTERED AGENT MUST SIGN

Date **10/25/02**

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:

WILLIAM LALONDE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/25/02