PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION 2006

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
06 FEB 21 PM 1:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 710269

1. Corporation Name

LAKE PLACID VOLUNTEER FIRE DEPTMENT, INC.

800056879438
03/01/06--01008--009 **61.25

T. Roberts FEB 2 1

CR2E081 (12/05)

2. Principal Office Address		**3.** Mailing Office Address	
12 Interlake Blvd		PO Box 195	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: Lake Placid, FL		City & State: Lake Placid, FL	
Zip: 33852	Country: USA	Zip: 33862	Country: USA

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number: 59-1964252 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: Dick Mottinger

Street Address (P.O. Box Number is Not Acceptable): 12 Interlake Blvd

Suite, Apt. #, Etc.:

City: Lake Placid, FL | State: FL | Zip Code: 33852

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent _____ Date 1/9/2006

REGISTERED AGENT MUST SIGN

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
T	Dick Mottinger	PO Box 416	Lake Placid, FL 33862
D	Harry Mottinger	PO Box 6	Lake Placid, FL 33862
D	THomas Gould	930 E Lake Dr	Lake Placid, FL 33852
D	Charlie Mulac	PO Box 1402	Lake Placid, FL 33862
P	Wallace Williams	9 Lake Henry Dr	Lake Placid, FL 33852
V	Robert Seeber	1613 Pinetop Tr	Lake Placid, FL 33852

10. 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 contained in Chapter 119, 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: _____ Dick Mottinger 1/9/06 863 699-3753

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #