

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 JUN 26 AM 8:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **1714102**

1. Corporation Name

Palm Beach Gardens Fire Department, Inc.

2. Principal Office Address

10500 N. Military Trail

Suite, Apt. #, etc.

City & State

Palm Beach Gardens, FL

Zip

33410

Country

USA

3. Mailing Office Address

10500 N. Military Trail

Suite, Apt. #, etc.

City & State

Palm Beach Gardens, FL

Zip

33410

Country

USA

REINSTATEMENT 99-83

4. Date Incorporated or Qualified To Do Business in Florida

2-15-1968

5. FEI Number

591971702

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

Peter T. Bergel

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

10500 N. Military Trail

Suite, Apt. #, Etc.

City

Palm Beach Gardens

State

FL

Zip Code

33410

900021140579

06/25/03--01073--009 **490.00

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

6/20/03

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
P	Lt. Shawn Reid	8114-Apache Blvd.	Loxahatchee, FL 33470
V	Jerry Brown	14345 - 86th Road North	Loxahatchee, FL 33470
T	Lee Potter	112 Beaumont Lane	Palm Beach Gdns., FL 33410
S	Vickie Grove	16244 E. Cheltenham Drive	Loxahatchee, FL 33470
D	Tim Siegert	13596 - 89th Place North	Royal Palm Bch., FL 33412
D	Stuart Schwartz	525 Kirk Road, Apt. 104-H	West Palm Bch., FL 33406

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 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

6-20-03 561-799-4300

Date

Daytime Phone #

CR2E081 (10/02)

91 6/27