PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
02 FEB 19 AM 8:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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****358.75 ****358.75

DOCUMENT # 737885

1. Corporation Name
St. Augustine Shores Area Volunteer Fire Department Inc.

REINSTATEMENT 00-02

2. Principal Office Address	**3.** Mailing Office Address
448 Shores Blvd	4211 US #1 South
Suite, Apt. #, etc.	Suite, Apt. #, etc.
	Suite #120
City & State	City & State
St. Augustine FL	St. Augustine, FL
Zip / Country	Zip / Country
32086 / USA	32086 / USA

4. Date Incorporated or Qualified To Do Business in Florida 10/1978

5. FEI Number 59-1729803 ☐ 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: Scott Keiser

Street Address (P.O. Box Number is Not Acceptable): 94 Shores Blvd

Suite, Apt. #, Etc.:

City: St. Augustine, FL 32086 | State: FL | Zip Code: 32086

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: Scott Keiser Date: 01-25-02
REGISTERED AGENT MUST SIGN

CR2E081 (9/00)

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
Pres	Scott Keiser	94 Shores Blvd	St. Augustine, FL 32086
V.P.	Bruce Kalendowicz	352 Casuarina Circle	St. Augustine, FL 32086
Treas.	Robert Krasucki	716 Viscaya Blvd	St. Augustine, FL 32086
Sec.	Misti Craig	716 Viscaya Blvd.	St. Augustine, FL 32086
Dir.	Roger Schlievert	204 Phoenetia Dr	St. Augustine, FL 32086
Dir.	Walter Gable	727 Gilda Dr.	St. Augustine, FL 32086

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: Robert Krasucki Robert Krasucki 01-25-02 904-8236738
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #