PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 MAR -5 PM 2:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 737885

1. Corporation Name
ST. AUGUSTINE SHORES AREA VOLUNTEER FIRE DEPARTMENT INC

2. Principal Office Address	3. Mailing Office Address
448 SHORES BLVD	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
ST AUGUSTINE FL	
Zip / Country	Zip / Country
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
ROGER L. SCHLIEVERT

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

900029964799
03/05/04--01068--025 **297.50

Suite, Apt. #, Etc.

City: ST. AUGUSTINE | 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: Roger L. Schlievert — REGISTERED AGENT MUST SIGN — Date: 3-3-04

CR2E081 (01/04)

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.	ROGER L. SCHLIEVERT	204 PHOENETIA DR.	ST. AUGUSTINE, FL 32086
DIR.	BRUCE KALENDOWICZ	352 CASUARINA CIRCLE	ST. AUGUSTINE, FL 32086
TREAS.	WALTER GABEL	727 GILDA DR.	ST. AUGUSTINE, FL. 32086
SECT.	JEAN L. SCHLIEVERT	204 PHOENETIA DR.	ST. AUGUSTINE, FL. 32086
		REINSTATEMENT FILED DATE DELETED	03-04

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: Roger L Schlievert — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date: 3-3-04 — Daytime Phone #: 904-797-1847