

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS  
 01 OCT 17 PM 6:01

DOCUMENT # **760635**

1. Corporation Name

**GRENELEFE VOLUNTEER FIRE DEPARTMENT, INC.**

Principal Place of Business

Mailing Address

49 WEST LAKE MARION ROAD  
 HAINES CITY FL 33844

49 WEST LAKE MARION ROAD  
 HAINES CITY FL 33844



**REINSTATEMENT 01**

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	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		11/09/1981	
City & State		City & State		5. FEI Number	
Zip		Country		NOT APPLICABLE	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	
				\$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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
DP	GRANT, ALTON C	12 CANTERBURY DR	HAINES CITY FL 33844
D	CLUGGTON, SCOTT	33 T5 SR 546 E	HAINES CITY FL 33844
DVP	VANBILLIARD, RICK	49 WEST LAKE MARION RD	HAINES FL 33844
TD	JOHNSON, FRANCIS D	12 TEMPLEDERRY AVE	HAINES CITY FL 33844
TSD	BROWN, JERRY	839 N LAKESHORE BLVD	LAKE WALES FL 33853

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

BROWN, JERRY  
 839 N LAKESHORE BLVD  
 LAKE WALES FL 33853

Name \_\_\_\_\_  
 Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_  
 Suite, Apt. #, Etc. **AD 300004661233--6**  
 City **FL \*\*\*236 State \*\*\*236.25**  
**10/31/01-01058--007**

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.

Signature of Registered Agent

*Jerry Brown*  
**SIGNATURE REQUIRED**  
 REGISTERED AGENT MUST SIGN

Date

10/11/2001

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:

*Jerry Brown*  
**SIGNATURE REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/11/2001

Daytime Phone #

863-421-3343

CR2E040 (8/01)